

<b>Case Number:</b>	CM15-0160722		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69 year old female, who sustained an industrial injury on 7-2-02. She reported pain in her lower back after pulling a heavy cart. The injured worker was diagnosed as having lumbago. Treatment to date has included a lumbar MRI on 10-27-03, physical therapy, aquatic therapy, trigger point injections, Ultram and Mobic. On 9-1-05 the QME physician noted a negative straight leg raise test, lumbar flexion was 45 degrees, extension was 20 degrees and lateral bending was 20 degrees bilaterally. As of the doctor's first report dated 7-16-15, the injured worker reports continued pain in her lower back and neck. She is not taking medications but is in search of a primary care physician so she can obtain medications. Objective findings include an antalgic gait, tenderness to palpation in the paracervical and paralumbar area and not palpable spasms. The treating physician requested a specialist referral for evaluation and treatment including a lumbar epidural steroid injection with a pain management physician.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Specialist Referral for Evaluation and Treatment Including Lumbar ESI with A Pain Management Physician in [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, specialist referral for evaluation and treatment including lumbar epidural steroid injection with a pain management physician in [REDACTED] is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis is lumbago. Date of injury is July 2, 2002. The request for authorization is dated July 22, 2015. The QME dated September 1, 2005 states the injured worker's treatment has been excessive. Recommendations include trigger point injections, physical therapy or epidural steroid injections would not be considered reasonable. The injured worker received three epidural steroid injections in 2004. The most recent progress note dated July 16, 2015 states the injured worker requires a treating provider to obtain medications. The treating providers documentation from July 16, 2015 is a new patient first encounter. Subjectively, the injured worker has low back pain and neck pain. There are no medications listed in the medical record. The documentation does not contain subjective or objective findings to support lumbar radiculopathy. There is no neurologic evaluation/examination in the medical record progress note. There is no diagnostic testing in the medical record (MRI or electrodiagnostic testing) to support nerve root impingement or radiculopathy. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation evidencing subjective or objective evidence of radiculopathy, no radiographic or electrodiagnostic evidence to support nerve root impingement, specialist referral for evaluation and treatment including lumbar epidural steroid injection with a pain management physician in [REDACTED] is not medically necessary.