

<b>Case Number:</b>	CM15-0192718		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This is a 70 year old female patient who sustained an industrial injury on 7-18-2002. The diagnoses include status post lumbar spine surgeries and lumbar junctional discopathy. Per the doctor's note dated 9/23/15, she had complaints of pain to her low back and lower extremities. The physical examination revealed tenderness, spasm and painful reduced lumbar spine range of motion, decreased sensation in L5 and S1 dermatomes, 3/5 strength against resisted leg extension. Per the note dated 8/12/15, the patient had chronic low back pain and the physical examination revealed tenderness and decreased range of motion, normal strength in the bilateral lower extremities and slight abnormal pinwheel sensation testing. Per the doctor's note dated 6-17-2015 she had complaints of low back pain with numbness and tingling to the anterior thighs. The physical examination revealed slight flattening of the lumbar lordosis, tenderness to the paraspinal and midline musculature of the lumbar region, range of motion is noted to be flexion 20 degrees, extension 15 degrees, right rotation 15 degrees, left rotation 10 degrees, and bilateral tilt 15 degrees, sensation with a pinwheel "slightly abnormal" without further description, motor strength and knee and ankle reflexes normal, and sciatic nerve compression negative on the right. The medications list includes Norco, gabapentin and topical creams. She has undergone lumbar interbody fusion surgery at L5-S1 on 4/19/2004 and removal of hardware surgery. A prior diagnostic study report was not specified in the records provided. Details regarding previous conservative therapy done for this injury was not specified in the records provided. Recommendations include pain management consultation for lumbar spine epidural steroid injections, wean Norco, Gabapentin, and follow up in six weeks. Utilization Review

denied a request for pain management consultation for lumbar epidural steroid injections on 9-23-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain management consultation for lumbar epidural steroid injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Introduction - Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An abnormal diagnostic study report of the lumbar spine with significant abnormalities is not specified in the records provided. Prior conservative therapy notes including PT notes/acupuncture notes are not specified in the records provided. Response to this conservative therapy is not specified in the records provided. The request for Pain management consultation for lumbar epidural steroid injection is not medically necessary or fully established for this patient.