

<b>Case Number:</b>	CM15-0199046		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/30/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female with a date of injury on 10-30-10. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-3-15 reports lower back pain with increasing lower extremity pain right greater than left. The pain is rated 7 out of 10. Right hip pain is rated 5 out of 10. Right shoulder pain is 5 out of 10. She states that she has intolerance to ambulation and made inquire about a brace. Medications include: cyclobenzaprine, Tramadol ER, hydrocodone, naproxen, pantoprazole, gabapentin, and ambien. Objective findings: tenderness to lumbar spine, lumbar range of motion is normal, straight leg raise is positive and spasm in the lumboparaspinal musculature is decreased. The hip and right shoulder exam is unchanged with limited range of motion due to pain. Request for authorization dated 9-25-15 was made for interventional pain management consultation for evaluation for epidural injection lumbar spine at L4-5 and L5-S1. Utilization review dated 10-2-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interventional pain management consultation for evaluation for epidural injection lumbar spine at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Submitted reports have not demonstrated focal neurological deficits on exam to corroborate with any imaging studies to support for the lumbar epidural steroid injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. As the lumbar epidural is not supported, the pain management consultation for the procedure is not supported. The interventional pain management consultation for evaluation for epidural injection lumbar spine at L4-5 and L5-S1 is not medically necessary and appropriate.