

<b>Case Number:</b>	CM15-0199226		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/11/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 22 year old female, who sustained an industrial injury on 3-21-14. She reported low back pain. The injured worker was diagnosed as having lumbago, lumbar herniated nucleus pulposus, and lumbar radiculitis or thoracic radiculitis. Treatment to date has included physical therapy and medication including Ibuprofen. On 8-18-15 the treating physician noted the following difficulties with activities of daily living: sleep, self-care including dressing herself, standing, sitting, reclining, walking, going up and down stairs, tactile feeling, grasping and gripping, manipulating small items, lifting, riding in a car, and driving a car. Physical examination findings on 8-18-15 included normal gait, diffuse lumbar paravertebral musculature tenderness with spasm, right upper buttock tenderness, and negative sitting straight leg raise tests bilaterally. On 8-18-15, the injured worker complained of low back pain with radiation to the right buttock, right lower extremity, and right foot with tingling and numbness. The treating physician requested authorization for referral to pain management for evaluation and possible lumbar epidural steroid injections. On 9-11-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management for evaluation and possible LESI (lumbar spine):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM, Chapter 7: 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, p127.

**Decision rationale:** The claimant sustained a work injury in March 2014 when she had low back and radiating right lower extremity pain after lifting. An MRI of the lumbar spine in July 2014 showed a right lateralized L5/S1 disc herniation with S1 nerve compression. After treatments including medications, physical therapy, and epidural steroid injections, a microdiscectomy was recommended and declined by the claimant. In August 2014, she had a lumbar epidural steroid injection with an aggravation of low back pain and had a panic attack lasting for two days afterwards. When seen, she was having constant low back pain with right lower extremity radiating pain. Pain was rated at 10/10. She had stopped running due to low back pain. Physical examination findings included diffuse lumbar tenderness with spasms. There was right upper buttock tenderness. There was non-dermatomal left lower extremity sensory hypesthesia and mild bilateral lower extremity weakness. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's condition is consistent with lumbar radiculopathy with right lower extremity radicular symptoms and findings by MRI that correlate with these symptoms. Surgery is being considered. An epidural steroid injection or other treatment might be an option in the claimant's care. Her prior injection response does not disqualify her from a possible second epidural steroid injection as a diagnostic procedure, possible using a different technique. Requesting a referral to pain management is medically necessary.