

<b>Case Number:</b>	CM15-0202547		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Arizona, 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 12-09-2014. The injured worker is being treated for lumbar radiculopathy, bilateral knee sprain-strain and cervical and lumbar disc protrusions. Treatment to date has included diagnostics, medications and physical therapy. Per the Primary Treating Physician's Orthopedic Evaluation dated 9-22-2015 the injured worker reported pain in his neck, lumbar spine and bilateral knees. He reported neck pain rated as 6 out of 10 with radiation to the left upper extremity, lumbar spine pain rated as 8 out of 10 with radiation to the buttocks, hips, and left leg, right knee pain rated as 6 out of 10 and left knee pain rated as 7 out of 10. Objective findings included tenderness to palpation of the cervical and lumbar spinous processes. The notes from the provider do not document efficacy of the prescribed medications. He is currently not on any work restrictions. The plan of care included, and authorization was requested for a pain management consultation and treatment, and laboratory panel to include Chem 8, arthritis panel, CBC, hepatic function panel, CPK and CRP. On 9-28-2015, Utilization Review non-certified the request for one pain management consultation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pain management consultation and treatment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section; Therapeutic Procedures, Non-operative), 4/27/2007, pg. 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, epidurals are indicated for those with radicular pain confirmed on exam and imaging. In this case, the claimant does have both. The claimant was only taking Motrin for pain and pain score reduction with use of medication was not provided. There was no mention of Tricyclic or Tylenol failure. The request for an ESI via a pain management consultation is not justified at this point and not medically necessary.