

<b>Case Number:</b>	CM15-0207588		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Hawaii  
 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:

The injured worker is a 28 year old male, who sustained an industrial injury on 05-07-2013. He has reported injury to the low back. The diagnoses have included lumbago; lumbar radiculopathy; lumbar herniated discs; lumbar spondylosis without myelopathy; and status post microlumbar decompressive surgery on the left L5-S1, on 10-09-2014. Treatment to date has included medications, diagnostics, lumbar corset, cane, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, transforaminal epidural steroid injection, and surgical intervention. Medications have included Norco, Lyrica, Pamelor, Ketoprofen cream, Trazodone, Zofran, Colace, and Omeprazole. A progress report from the treating physician, dated 09-18-2015, documented a follow-up visit with the injured worker. The injured worker reported that his symptoms have remained largely the same since his last visit; a new pain in the right flank and side of the abdomen, that is stabbing in nature; he had a transforaminal epidural injection on 08-27-2015; he reports that his pain was increased for the first 1.5 weeks, after which it went back to the same pain as before the injection; he continues to have cramping down the back of the left leg to the calf when walking; and his left leg symptoms seem to be worsening with time. Objective findings included he is in no acute distress; gait is mildly antalgic; mild tenderness to palpation over the lumbar and thoracic midline; pain with lumbar facet loading bilaterally; lumbar ranges of motion are decreased; and there is decreased sensation in the left L3 and L4 dermatomes to pinprick. The treatment plan has included the request for pain management follow-ups; and transforaminal epidural on the left at L3, L4. The original

utilization review, dated 10-16-2015, non-certified the request for pain management follow-ups; and transforaminal epidural on the left at L3, L4.

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

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

**Pain management follow-ups: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The patient presents with pain affecting the neck, bilateral trapezius region, and low back with radiation down the bilateral lower extremities. The current request is for Pain management follow-ups. The treating physician report dated 8/3/15 (276B) states, "Pain management follow ups with [REDACTED]." The MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." In this case, evaluation of patient, review of reports, and providing a narrative report is part of a normal reporting and monitoring duties to manage a patient's care. Furthermore, the requesting treating physician specializes in spine and orthopedics, and is requesting follow-ups with a pain management specialist. The current request is medically necessary.

**Transforaminal epidural on the left at L3, L4: 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 Official Disability Guidelines (ODG), Low Back. Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The patient presents with pain affecting the neck, bilateral trapezius region, and low back with radiation down the bilateral lower extremities. The current request is for Transforaminal epidural on the left at L3, L4. The treating physician report dated 8/3/15 (276B) states, "His low back pain continues to be severe and he says his left leg symptoms seem to be worsening with time. MRI from 2/22/2015 shows L3-4 moderate-to-severe left foraminal narrowing with contact of the exiting left L3 nerve root. The patient's history and physical exam findings are consistent with a left radiculopathy." MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided do not show that the patient has received a previous ESI at the L3-4 level. In this case, the patient presents with low back pain that radiates down the bilateral lower extremities to the mid-calf. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 2/22/15. The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.