

<b>Case Number:</b>	CM15-0023593		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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 years old patient who sustained an industrial injury on 07/19/2012. The current diagnoses include lumbar facet hypertrophy, myofascial pain and low back pain. Per the doctor's note dated 1/16/2015, patient had chronic low back pain. The physical examination revealed restricted lumbosacral spine range of motion due to pain and positive L4-5 facet loading test. Per the doctor's note dated 12/30/2014 patient had back, right wrist and right knee pain. The current medications list includes naproxen and flexeril. Patient has had lumbar MRI on 6/5/2014 which revealed multilevel facet hypertrophy and disc bulge without central canal or foraminal stenosis. Patient has had physical therapy visits for this injury. On 01/16/2015 Utilization Review non-certified lumbar epidural injection, transportation for lumbar epidural injection and initial orthopedic consultation. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): page 46.

**Decision rationale:** Request: Q-1- Lumbar epidural injection The cited Guidelines regarding Epidural Steroid Injections state, "the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are " 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Per the records provided patient has had low back pain. Lumbar radiculopathy that is documented by physical examination and corroborated by imaging studies is not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program are not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided do not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of lumbar epidural injection is not fully established for this patient.

**Transportation for lumbar epidural injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California [http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Knee & Leg (updated 02/27/15) Transportation (to & from appointments)

**Decision rationale:** Q-2- Transportation for lumbar epidural injection Per the cited guidelines, transportation to and from hospital/office is "recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)." Evidence of disabilities preventing the pt from self-transport is not specified in the records provided. Presence or absence of a care taker or person that would help in self-transport is not specified in the records provided. In addition medical necessity of lumbar epidural injection itself is not established therefore the medical necessity of transportation for this program is also not fully established. The medical necessity of transportation for lumbar epidural injection is not established at this time for this patient.

**Initial orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referral, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Q-3- Initial orthopedic consultation MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 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." Per the records provided patient had back pain, right knee pain and right wrist pain. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Diagnostic study reports with significant abnormalities are not specified in the records provided. Evidence of a complex diagnosis or uncertain diagnosis is not specified in the records provided. The medical necessity of Initial orthopedic consultation is not fully established for this patient at this juncture.