

<b>Case Number:</b>	CM15-0221691		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 40 year old female, who sustained an industrial injury on 3-19-2010. The injured worker is undergoing treatment for: lumbago and thoracic disc displacement. On 4-7-15, and 9-29-15, she reported thoracic and lumbar spine pain with radiation into the lower extremities. She rated her pain 7 out of 10. She is noted to have "had one LSEI and is helping". Objective findings revealed an intact gait, guarded and restricted thoracic and lumbar range of motion, tingling and numbness in posterior leg and lateral foot noted. The treatment and diagnostic testing to date has included: home exercise program, lumbar epidural injection (date unclear). Current work status: full duty. The request for authorization is for: referral to pain management specialist for consideration of 2nd lumbar epidural injection. The UR dated 10-12-2015: non-certified the request for referral to pain management specialist for consideration of 2nd lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Referral to pain management specialist for consideration of 2nd lumbar epidural injections:** 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

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 rationale:** MTUS Guidelines support a 2nd epidural injection if the initial injection provided benefits. It is clearly documented that there was some benefit to the initial injection with the best evidence that this individual returned to work afterward. There is a consistent clinical picture of an L5 radicular pattern which is consistent with formal electrodiagnostic testing results. Under these circumstances, the request for 1 Referral to pain management specialist for consideration of 2nd lumbar epidural injection is supported by Guidelines and is medically necessary.