

<b>Case Number:</b>	CM15-0222398		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Emergency 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 55-year-old female who sustained an industrial injury on July 11, 2013. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbar 5 - sacral 1 (L5-S1) lumbar spondylolisthesis, L5-S1 lumbar degenerative disc disease with foraminal stenosis, L3-4, L4-5 and L5-S1 lumbar osteoarthropathy, facet osteoarthropathy and reactive depression. In the provider notes dated October 9, 2015 the injured worker complained of severe back pain. On exam, the documentation stated there was "diffuse tenderness throughout the lower lumbar area. Range of motion was limited. Straight leg raises were positive bilaterally. There is hypesthesia in both lower extremities to light touch and pinprick and absent ankle jerks bilaterally." The treatment plan includes medications and repeat lumbar epidural injection. A Request for Authorization was submitted for 99214: re-evaluation with pain management specialist for quantity requested: 1 and 64483, repeat epidural steroid injection quantity requested 1. The Utilization Review dated November 12, 2015 denied the request for 99214: re-evaluation with pain management specialist for quantity requested: 1 and 64483, repeat epidural steroid injection quantity requested 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation with pain management specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Re-evaluation with pain management specialist is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has severe back pain. On exam, the documentation stated there was "diffuse tenderness throughout the lower lumbar area. Range of motion was limited. Straight leg raises were positive bilaterally. "There is hypesthesia in both lower extremities to light touch and pinprick and absent ankle jerks bilaterally." The treating physician has documented persistent symptomatology and positive exam findings to warrant a pain management re-evaluation. The criteria noted above having been met, Re-evaluation with pain management specialist is medically necessary.

**Repeat epidural steroid injection:** Upheld

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

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

**Decision rationale:** California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The injured worker has severe back pain. On exam, the documentation stated there was "diffuse tenderness throughout the lower lumbar area. Range of motion was limited. Straight leg raises were positive bilaterally. "There is hypesthesia in both lower extremities to light touch and pinprick and absent ankle jerks bilaterally." The treating physician did not document the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, Repeat epidural steroid injection is not medically necessary.