

<b>Case Number:</b>	CM15-0031471		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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 43 year old male, who sustained an industrial injury on February 11, 2013. He has reported pain to the lower back traveling to the right foot when getting out of bed and attempting to put on his sack. The diagnoses have included lumbosacral musculoligamentous sprain/strain with 5.9mm disk herniation at L5-S1 causing moderate stenosis of the spinal canal and stenosis of the bilateral neural foramina, bilateral L5-S1 lumbosacral radiculopathy, worse on the right, and right S1 chronic radiculopathy. Treatment to date has included a lumbar corset, physical therapy, and medication. Currently, the injured worker complains of pain in the lower back, right hip, and right leg. The Primary Treating Physician's report dated November 12, 2014, noted the injured worker with an antalgic gait pattern favoring the right side. Physical examination was noted to show the lumbar spine palpation with L4-S1 areas of midline tenderness, paraspinal muscle tenderness with muscle guarding, and right sacroiliac joint tenderness. Right straight leg raising while seated upright was noted to cause discomfort in the lower back and leg. Tenderness was noted over the right greater trochanteric bursa. On January 26, 2015, Utilization Review non-certified a pain management consult and a L5-S1 epidural steroid injection (ESI), noting that the records indicated that physical therapy had not been provided and there was no documentation of use of medications or clinical indication that additional intervention and/or treatment was indicated, therefore the request for a pain management consult was not certified. The UR Physician noted that there was no documentation of radiculopathy on either exam or MRI and that the records indicated the injured worker had not had prior physical therapy, therefore the criteria for the epidural steroid injection (ESI) was not

met and the request was not certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of a pain management consult and a L5-S1 epidural steroid injection (ESI).

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

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

#### **Pain Management Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The 1/26/15 Utilization Review letter states the pain management consultation requested on the 12/17/14 medical report was denied because there was no indication the patient tried medications or physical therapy. The 12/17/14 medical report was not provided for this review. According to the 11/12/14 report, the patient had MRI and electrodiagnostic studies. The electrodiagnostic testing from 3/26/14 show bilateral L5/S1 radiculopathy worse on right, with chronic right S1 radiculopathy. MRI from 3/22/13 showed compression of the right S1 root. The physical exam shows diminished light touch on the right S1 dermatome. The plan included referral to pain management for consideration of epidural injection. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: 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. The pain management consultation for opinion on plan or course of care is in accordance with ACOEM guidelines. The request for pain management consultation IS medically necessary.

#### **L5-S1 Epidural Steroid Injection: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The 1/26/15 Utilization Review letter states the L5-S1 epidural steroid injection requested on the 12/17/14 medical report was denied because there was no documentation of radiculopathy on exam or MRI. The 12/17/14 medical report was not provided for this review. According to the 11/12/14 report, the patient had MRI and electrodiagnostic studies. The electrodiagnostic testing from 3/26/14 show bilateral L5/S1 radiculopathy worse on

right, with chronic right S1 radiculopathy. MRI from 3/22/13 showed compression of the right S1 root. The physical exam shows diminished light touch on the right S1 dermatome. The plan included referral to pain management for consideration of epidural injection. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The records show clinical findings of right S1 radiculopathy, confirmed with the 3/22/13 MRI showing compression of the right S1 nerve root, and the 3/26/14 electrodiagnostic study that shows right S1 radiculopathy. The request is in accordance with MTUS guidelines. The request for L5-S1 epidural steroid injection IS medically necessary.