

<b>Case Number:</b>	CM15-0042676		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male, who sustained an industrial injury on 1/4/2010. Currently he reported constant back pain. The injured worker has been diagnosed with, and/or impressions were noted to include, lumbar spondylosis, stenosis and radiculopathy. Treatments to date have included consultations; cervical and lumbar spine x-rays; magnetic resonance imaging; right shoulder surgery - lumbar spine (7/27/10); and medication management. The history notes this injured worker being rated as permanent and stationary with a final diagnosis of cervical and lumbar strain, and that he is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve office visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain. Physical examination findings reported include decreased and painful lumbar spine range of motion with decreased left lower extremity sensation. Lumbar facet loading was positive. Gabapentin and tramadol were prescribed. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The requested 12 office visits when seen for an initial evaluation were not medically necessary.

**One Lumbar Transforaminal Epidural Steroid Injection of the left levels at L3, 4, 5 x 2:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: page 200 Treatment Guidelines.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain. Physical examination findings reported include decreased and painful lumbar spine range of motion with decreased left lower extremity sensation. Lumbar facet loading was positive. Gabapentin and tramadol were prescribed. A left sided transforaminal epidural steroid injection in April 2012 produced no benefit. Criteria for consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. In this case a prior epidural steroid injection is reported as having been ineffective. Therefore, the requested repeat Lumbar Epidural Steroid Injection was not medically necessary.