

<b>Case Number:</b>	CM15-0082040		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 44 year old male with an industrial injury dated 7/09/2014. The injured worker's diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain and lumbar herniated nucleus pulposus without myelopathy. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation, activity modification, physical therapy and periodic follow up visits. In a progress note dated 3/11/2015, the injured worker reported neck pain, mid back pain and low back pain. Magnetic Resonance Imaging (MRI) of the lumbar dated 8/26/2014 revealed degenerative retrolisthesis at L5-S1 with disc bulge, facet, and ligamentum flavum hypertrophy, otherwise unremarkable. Lumbar X-ray revealed disc space narrowing at L5-S1. The treating physician prescribed services for consultation with a pain management specialist for lumbar epidural steroid injection now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a pain management specialist for lumbar epidural steroid injection:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is nearly one-year status post work-related injury and continues to be treated for pain throughout the spine. An MRI of the lumbar spine in August 2014 was negative for spinal stenosis or foraminal compromise. When seen, no physical examination findings are reported. He was having pain without reported radiating symptoms. In this case, although consultation with a pain management specialist would be appropriate, this is a request is for an epidural steroid injection. The claimant does not have radiating symptoms nor are there any reported physical examination findings of radiculopathy. Imaging results have been negative for neural compromise. He would not meet the criteria for an epidural injection and therefore, a consultation specifically for an epidural steroid injection is not medically necessary.