

<b>Case Number:</b>	CM15-0084080		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 29 year old female, who sustained an industrial injury on 6/4/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral sprain/strain and cervical sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture, home exercises and medication management. In a progress note dated 3/18/2015, the injured worker complains of low back pain and neck pain and a physical exam showed lumbar and cervical paraspinal tenderness. The injured worker reports the need to take minimal medications because she continues to work, driving a bus. The treating physician is requesting a pain management specialist referral for consideration of lumbar facet joint block vs. lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pain management specialist referral for consideration of lumbar facet joint block vs. lumbar epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment,

4/27/2007, page 56; Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 25 of 127.

**Decision rationale:** See Chronic pain programs (functional restoration programs), which are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery, including the detailed "Criteria for use of multidisciplinary pain management programs" highlighted in blue. These treatment programs are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors." There is no documentation including physical exam findings or imaging studies to support epidural steroid injection in this case. The patient is continuing to have pain since the injury on 6/2012. She has undergone other treatments including chiropractic care, acupuncture, home exercises, without long-term improvement. This would not be expected and warrants further evaluation and consultation with a pain management specialist. As such, the request is medically necessary.