

<b>Case Number:</b>	CM14-0136991		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Anesthesia has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51 year old male injured worker with date of injury 6/22/12 with related low back pain. Per progress report dated 7/16/14, the injured worker reported burning and shooting pain in the posterior right leg worse with walking, sitting, bending, and crossing legs, while laying down was noted to relieve the pain. There was noted muscle atrophy in the right hamstrings. It was noted that the injured worker had progressive radicular pain into both legs in L5 dermatomal distribution. MRI of the lumbar spine dated 5/20/14 revealed: at L3-L4, small annular disc bulge and 2 -3 mm focal left foraminal disc protrusion and facet hypertrophy with mild central canal narrowing and moderate left neural foraminal narrowing. Findings are not significantly changed from prior study. There was superimposed congenital narrowing of the spinal canal on a developmental basis. Treatment to date has included physical therapy, and medication management. The date of UR decision was 6/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection right L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; criteria for the use of epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MRI findings documented do not demonstrate findings consistent with radiculopathy at the requested level. The documentation submitted does not include EMG/NCS. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as weakness or diminished reflexes associated with the relevant dermatome. These findings are not documented. Therefore, the request for lumbar epidural steroid injection right L5-S1 is not medically necessary and appropriate.

**Behavioral medicine evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

**Decision rationale:** Per MTUS CPMTG with regard to psychological evaluations:  
"Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The documentation submitted for review does not specify what the behavioral medicine evaluation will address. Therefore, the request for behavioral medicine evaluation is not medically necessary and appropriate.