

<b>Case Number:</b>	CM14-0148194		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Occupational 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:

There were 161 pages provided for review. The request is for consultation with pain management who will perform an epidural and then also for the lumbar epidural injection itself. It was signed on September 11, 2014. Per the records provided, she is described as 26 years old and she works as a cake decorator. The date of injury was May 5, 2014. She slipped and she fell on her back. She is currently working on modify duty. The right hand and the lower back have been accepted. She has had 12 sessions of physical therapy and was certified for an orthopedic consult. The lumbar MRI at L5-S1 showed a 3 to 4 mm disc protrusion with central canal infant foraminal stenosis. Symptoms increase at work due to a lot of bending, walking and the use of stairs. The levels of the proposed injection were not stated. There were no complaints of radicular pain, only low back and coccygeal pain. There are no clinical findings of radiculopathy such as dermatomal sensory loss. The MRI does not showed nerve root compression and any spinal level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with pain management MD who will perform the epidural:** Upheld

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

**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 7, page 127

**Decision rationale:** ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Further, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The criteria are not met for ESI and so the need for this specialist is not established.

**Lumbar epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

**Decision rationale:** The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request is not medically necessary.