

<b>Case Number:</b>	CM14-0218186		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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:

This 36 year old male was a construction worker when he sustained an injury on March 21, 2014. The injured worker had been lifting a 450-pound piece of wood with coworkers, when he tripped and fell to his knees causing back pain. Diagnoses were lumbar sprain/strain, myofascial pain, and chronic pain syndrome. Past treatment included a home exercise program, TENS (transcutaneous electrical nerve stimulation), heating pad, non-steroidal anti-inflammatory, anti-epilepsy, and muscle relaxant medications; activity modifications, and chiropractic and adjunctive physical therapy. In May 2014, an MRI of the lumbar spine revealed a herniated disc at L2-3. On December 2, 2014, the treating chiropractic physician noted the injured worker complained of increasing lower back pain and right lower extremity radiation after being off chiropractic and adjunctive physical therapy for 1.5 weeks. The injured worker thought this resulted in deterioration of symptoms with lower back stiffening and increased pain with sitting, standing, and sleeping. The physical exam revealed improved lower back range of motion of 70 degrees and a positive right straight leg raise at 70 degrees. There was continued L5 dysesthesia of the right lower extremity. The treating chiropractic physician noted the EMG (electromyography)/NCV (nerve conduction velocity) study from October 28, 2014, revealed no evidence of neuropathy, plexopathy, or radiculopathy; and the study results did not correlate with the signs and symptoms of the injured worker. Diagnoses were lumbar discogenic pain and radiculopathy. The physician recommended continuing chiropractic treatment and requesting a lower back epidural steroid injection and an MRI. The injured worker was to remain off work. On December 9, 2014, Utilization Review non-certified a request for referral to Pain

Management for bilateral L5 epidural steroid injection requested on December 3, 2014. The referral to Pain Management for bilateral L5 epidural steroid injection was non-certified based on lack of evidence of current objective physical exam findings to support the diagnosis of L5 radiculopathy, including motor or sensory deficits specific to this dermatomal distribution. There was a lack of evidence of nerve root impingement and /or radiculopathy on the MRI and EMG (electromyography)/NCV (nerve conduction velocity) studies. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines, pages 92 and 127 for Pain Management consultation and Chronic Pain Medical Treatment Guidelines for Epidural steroid injections (ESI) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral to pain management for bilateral L5 ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The records did not show subjective, objective, MRI and EMG/NCV that was consistent with a diagnosis of lumbar radiculopathy. The MRI showed minimal disc bulge in a different level from the sensory deficit. There was no nerve compression or pressure. The records did not show that the patient failed conservative management with medications and physical / chiropractic treatments. The criteria for referral for pain management for bilateral L5 epidural steroid injection was not met.