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| <b>Case Number:</b>   | CM15-0005140 |                              |            |
| <b>Date Assigned:</b> | 01/16/2015   | <b>Date of Injury:</b>       | 10/25/2013 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 12/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2015 |

### 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: Florida

Certification(s)/Specialty: Neurology, 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 29 year old male, who sustained an industrial injury on 10/25/13. On 1/9/15, the injured worker submitted an application for IMR for review of Pain specialist for ESI L5-S1. The treating provider has reported the injured worker complained of low back pain with right leg numbness and tingling. The diagnoses have included lumbar disc degeneration, facet arthropathy and myofascial pain. Treatment to date has included chiropractic care, physical therapy, Lumbar MRI (3/7/14), EMG/NCS lower extremities (4/4/14), TENS unit, medication. On 12/11/14 Utilization Review non-certified Pain specialist for ESI L5-S1. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain specialist for ESI L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines treatment, management of medical conditions Page(s): 398.

**Decision rationale:** MTUS guidelines support that all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated according to best clinical practice. The insured is noted to have new conditions of leg pain with numbness and tingling which has not responded to conservative care of PT, physical therapy, TNES and medication. Further evaluation is warranted by physician to determine the nature and diagnosis of such conditions to guide further diagnostic and/or therapy treatment.