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| <b>Case Number:</b>   | CM15-0013399 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 01/02/2013 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 12/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on January 2, 2013. The diagnosis is not included in the progress note dated January 12, 2015. Treatment to date has included discectomy left L4-5, L5-S1 on July 17, 2013, oral Non-steroidal anti-inflammatory drug and pain medication, swims and uses a stationary bike. Currently, the injured worker complains of lower back pain and left posterior thigh pain. In a progress note dated January 12, 2015, the treating provider reports decreased range of motion at the hip and mentions that a steroid injection is not necessary at this point but remains an option in the future. On December 26, 2014 Utilization Review non-certified a lumbar epidural steroid injection (unspecified level) and pain management consult, noting, Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection (Unspecied Level):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** Based on the 01/12/15 progress report provided by treating physician, the patient presents with pain to low back and left posterior thigh. The request is for LUMBAR EPIDURAL STEROID INJECTION (UNSPECIFIED LEVEL). Patient is status post discectomy left L4-5, L5-S1 07/17/13, per diagnosis on 01/12/15. Patient's medications include Norco and Naprosyn. Physical examination to the lumbar spine on 01/12/15 revealed a two inch surgical scar. Range of motion was decreased on flexion at 70 degrees. Patient's work status not available. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient presents with low back pain and radicular symptoms to the left leg. Physical examination findings were unremarkable with negative straight leg raise test. No imaging studies were discussed in medical records. MTUS requires corroboration of findings with imaging studies that supports a diagnosis of radiculopathy. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.

**Pain Management Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examination and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

**Decision rationale:** Based on the 01/12/15 progress report provided by treating physician, the patient presents with pain to low back and left posterior thigh. The request is for PAIN MANAGEMENT CONSULT. Patient is status post discectomy left L4-5, L5-S1 07/17/13, per diagnosis on 01/12/15. Patient's medications include Norco and Naprosyn. Physical examination to the lumbar spine on 01/12/15 revealed a two inch surgical scar. Range of motion was decreased on flexion at 70 degrees. Patient's work status not available. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. 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." UR letter dated 12/26/14 denied the request on the basis of "non-certification of lumbar ESI." The patient is status post discectomy and continues with chronic low back pain. ACOEM practice guidelines

indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Given the patient's condition, the request for consult appears reasonable. Therefore, the request IS medically necessary.