

<b>Case Number:</b>	CM15-0090627		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 45-year-old male, who sustained an industrial injury on 12/6/13. The injured worker has complaints of lower back pain that radiates to the left lower extremity and numbness in the left lower extremity at the S1 (sacroiliac) nerve root distribution. The documentation noted that there is tenderness to palpation over the lumbar paraspinal musculature around L5 on the left side. The diagnoses have included multilevel disk injury with L5-S1 (sacroiliac) extrusion; secondary left L5-S1 (sacroiliac) radiculopathy and underlying lumbar degenerative spine disease. Treatment to date has included physical therapy; transcutaneous electrical nerve stimulation unit; acupuncture; chiropractic and analgesic medications. The request was for consultation and possible lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and possible LESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127, Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injection.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, consultation and possible lumbar epidural steroid injection is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are multilevel disc injury with L5 - S1 extrusion; secondary left L5 - S1 radiculopathy; and underlying lumbar degenerative spine disease. According to a December 10, 2014, progress note the injured worker received 60 physical therapy sessions that did not help. Injured worker receives 60 TENS treatment that did not help. 2 acupuncture sessions were provided with 2 to 3 days of relief. 40 chiropractic sessions were provided with minimal relief. According to an April 22, 2015 progress note, the injured worker has subjective radicular symptoms involving the left lower extremity radiating from the lower back. Objectively, there is tenderness to help patient. There is no objective evidence of radiculopathy on physical examination. There was no MRI report in the medical record documentation. There were no electrodiagnostic studies in the medical record. The PA, in a peer-to-peer conference with utilization review physician, stated there were multiple disk bulges with a disc extrusion at L5-S1. As noted above, there was no confirmatory documentation with an MRI. Although a consultation with an appropriate specialist may be indicated, a possible epidural steroid injection is not clinically indicated. Whether or not an epidural steroid injection is clinically indicated is a decision left to the consultant after a history and thorough physical examination. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, consultation and possible lumbar epidural steroid injection is not medically necessary.