

<b>Case Number:</b>	CM15-0097463		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: North Carolina Certification(s)/Specialty: Family Practice

### 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 7/9/14. He has reported initial complaints of mid to low back pain, thighs, right foot and toes after lifting a 300- 400 pound water heater. The diagnoses have included lumbosacral sprain, lumbar degenerative disc disease (DDD), lumbar radicular symptoms rule out spinal stenosis and spondylolysis of the lumbosacral region. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/29/15, the injured worker complains of mid back pain and bilateral leg pain. The objective findings reveal decreased range of motion. The progress note dated 11/12/14 states that the injured worker complains of constant nagging pain in the low back that is sharp and shooting that travels to the legs, thighs and right foot. He has episodes of numbness and tingling in the legs and feet and muscle spasm in the low back. He reports difficulty sleeping due to pain. The pain medications provide temporary relief of pain. The physical exam of the lumbar spine reveals forward flex stance, restricted and guarded movement, he walks with a bent knee gait, there is marked lumbar tenderness, there are trigger points, sitting root test is positive at 90 degrees bilaterally with tenderness along the popliteal tendons bilaterally and sensation is decreased in the bilateral lower extremities and he has difficulty toe and heel walking. The diagnostic testing that was performed included x-rays of the lumbar spine were done and the physician notes that it reveals degenerative disc disease with facet arthropathy. There was no x-ray or Magnetic Resonance Imaging (MRI) reports of the lumbar spine submitted with the records. The current medications were not listed. The physician requested treatments included Pain Management Consult and Lumbar Epidural Steroid Injection at L5/S1 on the right.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **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 Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing pain despite conservative therapy. The referral for a pain specialist is medically necessary and approved.

### **Lumbar Epidural Steroid Injection at L5/S1, right:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies. Therefore the request does not meet all criteria as outlined above and is not medically necessary.