

Case Number:	CM13-0008247		
Date Assigned:	10/11/2013	Date of Injury:	10/12/2011
Decision Date:	01/29/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35-year-old male who reported an injury on 10/12/2011. The mechanism of injury was not provided. The patient was noted to have pain. The patient was noted to have decrease sensation to light touch at the right lateral medial calf and right lateral thigh as compared to the left lower extremity. The diagnoses were noted to include lumbar disc displacement without myelopathy and sprain/strain of the thoracic region and sprain/strain of the neck. The request was made for 1 right transforaminal lumbar epidural steroid injection at L5-S1, to include lumbar myelography, lumbar epidurography, IV sedation, fluoroscopic guidance and contrast dye as well as 1 prescription for venlafaxine HCl ER 37.5 mg "#60 #120."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right transforaminal lumbar epidural steroid injection at L5-S1 to include lumbar myelography, lumbar epidurogram, IV sedation, fluoroscopic guidance, contrast dye:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The California MTUS Guidelines recommend that for an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and it must be initially unresponsive to conservative treatment. They are generally performed under fluoroscopic guidance. The clinical documentation submitted for review failed to provide documentation of corroboration of radiculopathy with imaging studies and/or electro diagnostic testing as well as the patient's unresponsiveness to conservative treatment. The California MTUS/ACOEM Guidelines do not address myelography. Per the Official Disability Guidelines, myelography is performed when there is poor correlation of physical findings with MRI studies. The clinical documentation submitted for review failed to provide the rationale for performing both procedures on the same day and failed to provide the rationale for the requested myelography study. Additionally, there was a lack of documentation indicating the necessity for IV sedation. Given the above, the request for 1 right transforaminal lumbar epidural steroid injection at L5-S1 to include lumbar myelography, lumbar epidurogram, IV sedation, and fluoroscopic guidance and contrast dye is not medically necessary.

1 prescription of Venlafaxine HCL ER 37.5mg #60 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS guidelines indicate that Venlafaxine is recommended as an option in the first-line treatment of neuropathic pain and that it is FDA-approved for the treatment of depression. The clinical documentation submitted for review indicated that the physician was prescribing venlafaxine as an antidepressant. The clinical documentation submitted for review indicated that the patient had an increase in stress and depressive symptoms. Given the above and the documentation of the rationale as to why the physician is giving the patient the medication and the patient's increased depressive symptoms and would be medically necessary, however there is the necessity for clarification as to what # 60 #120 means. Given the lack of clarification, the request for 1 prescription of venlafaxine HCl ER 37.5 mg "#60 #120" is not medically necessary.