

Case Number:	CM13-0023613		
Date Assigned:	10/16/2013	Date of Injury:	04/29/2010
Decision Date:	05/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/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 has filed a claim for a back sprain associated with an industrial injury date of April 29, 2010. A utilization review from August 28, 2013 denied requests for lumbar epidural steroid injection due to no documentation of significant relief from previous injection and psych evaluation due to the patient having been evaluated previously by a psychologist. The treatment to date has included epidural steroid injections, facet joint injection, trigger point injections, psychotherapy, antidepressants, anxiolytics, and pain medications. The medical records from 2013 were reviewed showing the patient complains of chronic low back pain, chronic cervicalgia, and right shoulder arthralgia. The patient received epidural steroid injections in April 2013 and May 2013. Physical exam demonstrated full range of motion for the cervical spine. The cervical spine was noted to be tender. Sensory and motor findings were normal for the upper extremities. The first epidural steroid injection in April was noted to have resulted in 50% improvement of the patient's symptoms. The patient has been seeing a psychologist due to suicidal ideations and cutting himself.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid injection (ESIs)..

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. In this case, the patient has had two previous epidural steroid injections one month apart. However, the outcomes for the latest epidural steroid injection were not clearly documented. There is no report stating at least 50% pain relief with associated reduction of medication use was obtained for 6 to 8 weeks. The progress notes do not clearly corroborate lumbar radiculopathy. The request does not specify a specific injection level. Therefore, the request for a lumbar epidural steroid injection is not medically necessary.

PSYCH EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Independent Medical Examination and Consultation Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

Decision rationale: As stated in the California MTUS/ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has already been seeing a psychologist and there is no need for a new consult. Therefore, the request for psych evaluation is not medically necessary.