

<b>Case Number:</b>	CM13-0069460		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 is a 54-year-old male who reported an injury on 02/25/2011. The patient reportedly strained his lower back while running. The patient is currently diagnosed with lumbar degenerative disc disease, herniated disc at L3-4, rule out lumbar discogenic spine pain, lumbar spondylosis, right trochanteric bursitis, and lumbar facet arthropathy. The patient was recently seen by [REDACTED] on 12/05/2013. The patient reported lower back pain with intermittent right sciatica. The patient reported severe withdrawal symptoms. The patient was attempting to decrease methadone on his own. The patient was utilizing 2 tablets of methadone per day. Physical examination on that date revealed diffuse tenderness of the lower lumbar area and buttock area, painful range of motion, positive straight leg raising on the right, limited lumbar range of motion, a limping gait, left lumbar spasm, decreased sensation in the right L5 and S1 dermatomes, and 2+ deep tendon reflexes. Treatment recommendations at that time included a right L5-S1 transforaminal epidural steroid injection, detoxification, and psychological evaluation and treatment for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient does report depression, anxiety, memory loss, and paranoia. The patient currently utilizes two separate antidepressants including Wellbutrin and amitriptyline. Despite ongoing use of antidepressants, the patient continues to report depression. Therefore, the medical necessity for the requested referral has been established. As such, the request is certified.

**RIGHT LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L5-S1 UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA:** 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 Page(s): 46.

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There were no imaging studies provided for review to corroborate a diagnosis of radiculopathy. While it is noted that the patient does demonstrate decreased sensation, weakness, and positive straight leg raising upon physical examination, it was also noted on 07/25/2013 by [REDACTED], the patient has tried and failed epidural steroid injections. Without documentation of 50% pain relief with an associated reduction of medication use following an initial injection, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

**DETOX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 and 102-103.

**Decision rationale:** California MTUS Guidelines state detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or a lack of functional improvement. Rapid detoxification is not recommended. As per the documentation submitted, detoxification was recommended for methadone and other pain medications. The patient has utilized methadone 10 mg 1 tablet every 4 to 6 hours since at least 07/2013. While it is noted that the patient has attempted to decrease methadone on his own, and is suffering from severe withdrawal

symptoms, the current request does not specify whether an inpatient or outpatient program is being requested. There is also no frequency or total duration of treatment provided in the current request. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.