

Case Number:	CM13-0071673		
Date Assigned:	01/08/2014	Date of Injury:	12/28/2009
Decision Date:	04/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 50 year old female who was injured on 12/28/2009. Prior treatment history has included physical therapy, group, and individual psychotherapy. The patient had two epidurals on 11/10/2010. 11/25/2013 Medications Include: Norco 10/325 #90 Zolpidem 10 mg q. hs Nortryptiline 25 mg q hs Diagnostic studies reviewed include EMG performed on 05/17/2011, which revealed chronic lumbar pain with left S1 radiculopathy and left meralgia paresthetica, left posterior tibialis Final Determination Letter for IMR Case Number [REDACTED] neuropathy, and mild bilateral common peroneal neuropathy. Request for authorization dated 11/25/2013 indicated the patient was diagnosed with chronic lumbar pain, chronic headaches, and rule out abducens nerve (Cranial Nerve-VI). [REDACTED] 01/12/2012, requested pain management with epidural and/or facet injections. Neurological Follow-up Evaluation dated 11/16/2013 documented the patient to have complaints of increased depression and anxiety; headaches; neck pain; shoulder pain; increased, continuous lower back pain; general left-sided weakness, pain and numbness with limp and dragging of the left leg; increased numbness with burning at her left thigh and occasional difficulty sleeping. Objective findings on exam revealed her motor functions in the hip, left +4/5+ weakness and left quadriceps, atrophy, knee, and ankle flexion/extend, except left 4+/5 weakness, along with feet intrinsics, were within normal limits, rated at 5/5. Sensory examination revealed intact pinprick, light touch, vibratory, and proprioception, except decreased pinprick/light touch left thigh. Deep tendon reflexes were 2/4+, except left 2 beat Achilles' reflex; toes were down-going bilaterally. Agreed Medial Evaluator (AME) Orthopedist, [REDACTED] found that the patient had atrophy of the left leg with circumferential measurements of the thigh noted at 51 on the right and 49 on the left, a 2 cm difference. PR2 dated 07/03/2013 documented the patient to have complaints of a limp, gait and

balance, insomnia and increased numbness with burning on the left thigh. The patient continued to have left sided weakness, pain, and numbness and limp. Objective findings on exam revealed left quad atrophy. The patient was ambulating with a cane. She had decreased toe/heel on the left. The medications she was taking at the time were Norco 10/325, Zolpidem 10 mg and Ambien. It was recommended that the patient gets a psyche evaluation and treatment, medications, reconditioning (it is unknown if the patient has received the requested conservative treatment), and strengthening on the left side and lower back physical therapy with 15 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED INDIVIDUAL AND GROUP THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive therapy for depression

Decision rationale: According to the guidelines, studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. It would appear that the patient has been participating in a prolonged course of individual and group therapy for treatment of her psychological issues of anxiety and depression secondary to chronic pain. However, the medical records do not demonstrate the patient has obtained objective functional improvement with therapy rendered to date. The 11/25/2013 medical report documents that the patient reported increased anxiety and depression. In absence of notable objective functional improvement with rendered care, additional therapy is not recommended by the evidence-based guidelines, and therefore not be supported.

PAIN MANAGEMENT CONSULT FOR ESI/FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Low Back Complaints, Page(s): 46; 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections) and Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 41: Low Back Pain, pages 883 - 928

Decision rationale: The patient has been recommended a pain management consult for lumbar epidural or facet injections however, in accordance with the reference guidelines; the patient does not appear to be a candidate for either epidural injections or facet injections to the lumbar spine. Facet injections must be limited to patients with low back pain that is non-radicular, which is not consistent with the patient's reported complaints. Additionally, physical examination does

not demonstrate objective findings consistent with facet mediated pain. According to the 11/25/2013 report, the patient had previous lumbar epidural steroid injections x 2 in 11/2010. The medical records do not establish the patient obtained objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks from the previous procedure. The 1/25/2011 lumbar CT Myelogram did not reveal any evidence of nerve root impingement. The medical records do not establish this patient would otherwise be considered a surgical candidate. The medical necessity of the request for pain management consult is not established.