

Case Number:	CM14-0020082		
Date Assigned:	04/25/2014	Date of Injury:	10/06/2005
Decision Date:	07/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 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 injured worker is a 53 year old male whose date of injury is 10/06/05. The mechanism of injury is described as lifting a heavy container. Treatment to date includes lumbar epidural steroid injection in 2007, physical therapy, right shoulder subacromial decompression, functional restoration program in 2009, acupuncture, chiropractic, facet injections and medication management. Psych diagnostic re-evaluation dated 10/15/13 indicates that prior MMPI profiles consistently predict over-reporting/exaggeration of problems. Note dated 02/12/14 indicates that the injured worker reports that he is quite depressed and is having auditory hallucinations. He is not currently suicidal. Note dated 04/10/14 indicates that sensation is decreased in the left S1 dermatome. Straight leg raising is positive on the left. Motor strength is rated as 5/5 throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE:

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 Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for L5-S1 epidural steroid injection with fluoroscopic guidance is not recommended as medically necessary. CA MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There are no imaging studies/electrodiagnostic results submitted for review. There is no indication that the patient has undergone any recent active treatment.

CONSULTATION WITH A PSYCHOLOGIST/PSYCHIATRIST (DEPRESSION):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100, 101.

Decision rationale: Based on the clinical information provided, the request for consultation with a psychologist/psychiatrist (depression) is not recommended as medically necessary. The patient has undergone multiple prior psychiatric evaluations; however, there is no indication that the patient is taking any psychotropic medications. The patient has undergone prior psychological treatment both in the form of cognitive behavioral therapy and functional restoration program; however, the patient's objective functional response to psychological treatment is not documented.