

<b>Case Number:</b>	CM14-0088668		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/05/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old female who was reportedly injured on December 5, 2010. The mechanism of injury was stated as pulling on a 400 pound patient. The most recent progress note dated June 9, 2014, indicated that there were ongoing complaints of low back pain and left lower extremity pain. Current medications include Norco. The physical examination demonstrated tenderness over the cervical spine and lumbar spine paraspinal muscles. No spasms were noted. There was decreased lumbar spine range of motion and a negative straight leg raise test. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed narrowing of the L5-S1 disk space and sclerosis of the vertebral borders of L5 and S1. Previous treatment included physical therapy, lumbar spine epidural steroid injections, and facet blocks. A request was made for a psychotherapy evaluation for anxiety and depression, a third epidural steroid injection with facet blocks and the specialty referral for a sleep evaluation and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy Evaluation for Anxiety and Depression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, 2nd

Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 100-102 of 127.

**Decision rationale:** According to the most recent progress note dated June 9, 2014, there were no complaints of anxiety or depression voiced by the injured employee. Considering this, this request for a psychotherapy evaluation for anxiety and depression is not medically necessary.

**Injection- Steroid Third Lumbar Epidural Steroid Injections with Facet Branch Blocks at L3-4, L4-5 and L5-S1, Lower Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Armon, 2007; Manchikanti, 2003; Boswell, 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that the therapeutic phase of epidural steroid injections require that at least 50% pain relief for 6 to 8 weeks should be achieved from prior injections. According to the attached medical record, the injured employee has already received two epidural steroid injections for the lumbar spine and there is no indication what objective amount of pain relief was provided from these injections or for how long the relief lasted for. Additionally, no more than two root levels are recommended to be injected at any one time. Furthermore, no more than two epidural steroid injections are recommended. For these multiple reasons, the request for a third Lumbar steroid injection with facet blocks at L3-L4, L4-L5, and L5-S1 is not medically necessary.

**Specialist Referral Sleep Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** According to the most recent progress note dated June 9, 2014, there are no complaints of difficulty sleeping voiced by the injured employee. Considering this, the request for a specialist referral for a sleep evaluation is not medically necessary.