

Case Number:	CM14-0108094		
Date Assigned:	08/01/2014	Date of Injury:	06/20/2008
Decision Date:	03/11/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial related injury on 6/20/08. The injured worker had complaints of back pain was status post two lumbar surgeries. Diagnoses included depression, post lumbar laminectomy syndrome, and low back pain. The injured worker was taking oxycontin, gabapentin, hydrocodone-acetaminophen, morphine, and tizanidine HCL. The treating physician requested authorization for a referral to psychologist [REDACTED] and a transforaminal lumbar epidural injection to the left side S1-S2. On 7/7/14 the request for a psychologist referral with [REDACTED] was modified and the request for the epidural injection was non-certified. Regarding the referral to [REDACTED] the utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted a request for a specific provider is not supported by the guidelines. Therefore the request was modified to a referral to a psychologist. Regarding the epidural injection the UR physician cited the Medical Treatment Utilization Schedule guidelines and noted the documentation submitted provided limited evidence of specific radiculopathy on examination. There was also no imaging submitted indicating evidence of pathology. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psychologist [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Mental Illness and Stress Procedure Summary last updated 04/09/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a 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 assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was sufficient reasoning to refer to a psychologist for advice and counseling. However, this reviewer disagrees with the previous UR stating that the MTUS Guidelines discourage specific referrals. The MTUS does not mention any discouragement of choosing a specific name for a referral as this is in the judgement of the provider to decide anyway. The request for referral to [REDACTED] is reasonable and medically necessary without any contraindication.

Transforaminal lumbar epidural injection to the left side S1-S2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of

no more than 4 blocks per region per year, and 8. Current research does not support a series of three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was insufficient documentation provided to show evidence of lumbar radiculopathy to justify an epidural injection. There was no MRI report to review and no significant objective signs from physical examination to confirm the suspicion of lumbar radiculopathy on the left side S1-S2 level. Therefore, the epidural injection will be considered medically unnecessary until this is provided for review.