

Case Number:	CM14-0193784		
Date Assigned:	12/10/2014	Date of Injury:	02/26/2013
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of February 26, 2013. A utilization review determination dated November 7, 2014 recommends non-certification of 6 sessions of pain psychology, epidural steroid injection to L5-S1, spine surgery consultation for the lumbar spine, MRI of the cervical spine, and MRI of the lumbar spine. A progress note dated October 20, 2014 identifies subjective complaints of low back pain, right shoulder pain, right leg pain, bilateral elbow pain, and bilateral knee pain. The patient's low back pain radiates to bilateral lower extremities. The patient has received two lumbar epidural steroid injections which provided the patient with greater than 75% relief of painful symptoms for more than six weeks. The patient has been evaluated by a spine surgeon who apparently told the patient that she did not require surgery, and the patient presently is not interested in pursuing a surgical correction. The physical examination revealed diminished sensation to light touch at L5 on both sides, an antalgic gait favoring the right, tenderness to palpation of the lumbar spine over the facet joints on both sides, trigger points noted over the lower lumbar paraspinal muscles, 1+ muscle spasm noted over the lower paraspinal muscles, lumbar extension is limited to 10 degrees with pain, and seated straight leg raise test is positive at 30 degrees on the right side. The diagnoses include cervical radiculitis, lumbosacral radiculitis, myofascial pain, and chronic pain syndrome. The treatment plan recommends authorization for an MRI of the cervical spine, six sessions of pain psychology to address the patient's fear of performing a home exercise program and to address her depression, six sessions of physical therapy, a spine surgery consultation for the lumbar spine, an MRI of the lumbar spine, an L5-S1 epidural steroid injection, a prescription for Hydrocodone-Acetaminophen 5-300 mg #60, and a prescription for Gabapentin 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for 6 sessions of pain psychology, MTUS Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Official Disability Guidelines states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no subjective complaints of psychological issues, and no mental status exam. Additionally, the current number of visits being requested exceeds the maximum visits recommended by guidelines for an initial trial. In the absence of clarity regarding those issues, the currently requested 6 sessions of pain psychology is not medically necessary.

Epidural steroid injection to L5-S1: Upheld

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

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

Decision rationale: Regarding the request for an epidural steroid injection to L5-S1, MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the requesting physician has indicated that the patient had over 50% improvement with the previous epidural steroid injection. Unfortunately, there is no documentation of functional improvement or reduction in medication use as a result of that injection. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis

of radiculopathy. As such, the currently requested epidural steroid injection to L5-S1 is not medically necessary.

Spine surgery consultation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

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

Decision rationale: Regarding the request for a spine surgery consultation for the lumbar spine, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is clear indication that the patient was already evaluated by a spine surgeon and did not recommend surgery. Additionally, there is documentation stating that the patient is not interested in pursuing any surgical intervention. In light of the above issues, the currently requested spine surgery consultation for the lumbar spine is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for a MRI of the cervical spine, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months directed towards the cervical complaints. In the absence of such documentation, the requested MRI of the cervical spine is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Lumbar and Thoracic, MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for an MRI of the lumbar spine, ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Official Disability Guidelines states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested MRI of the lumbar spine is not medically necessary.