

Case Number:	CM15-0144476		
Date Assigned:	08/05/2015	Date of Injury:	02/16/2010
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/25/2015

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: Texas, California

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 39 year old female, who sustained an industrial injury on 2-16-2010. Diagnoses include displacement cervical disc without myelopathy, lumbar intervertebral disc syndrome and sprain and strain of deltoid of ankle. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, spinal cord stimulator (2007), medications, trigger point injections and medication management. Per the Primary Treating Physician's Progress Report dated 6-22-2015, the injured worker reported ongoing pain with spasm. Physical examination revealed spasm of the lumbar spine with right greater than left tenderness and decreased range of motion. The plan of care included acupuncture and physical therapy and authorization was requested for right lumbar sympathetic nerve steroid injection, referral to psychology and follow-up in one week. The patient had received an unspecified number of the PT visits for this injury. The patient has had spinal cord stimulator since 2007. The patient's surgical history include mid back surgery, right foot and ankle surgery. The patient has had history of medication induced gastritis. Patient had received trigger point injections for this injury. Physical examination of the low back on 5/29/15 revealed low back pain with radiation in lower extremity, tenderness on palpation, positive SLR, limited range of motion and 3/5 strength. Patient was recommended revision of SCS on 7/9/15. The medication list include Duragesic patch, Roxicodone, Prozac, Soma, Topamax, Imirtrex. The patient has had CT myelogram of the lumbar spine on 7/28/14 that revealed disc protrusion and foraminal narrowing. The patient has had history of reactionary anxiety and depression. The patient had received an unspecified number of PT visits for this injury. A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic nerve steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWA, Lumbar sympathetic block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 57 Lumbar sympathetic block Page 104 Lumbar Sympathetic Blocks.

Decision rationale: Request: Right lumbar sympathetic nerve steroid injection. Per the CA MTUS guidelines cited below, regarding lumbar sympathetic block "There is limited evidence to support this procedure, with most studies reported being case studies." Per the cited guidelines lumbar sympathetic block is "Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II." Per the records provided, patient has had PT visits for this injury. The detailed response to these therapies is not specified in the records provided. Significant evidence of CRPS-I or II supported by diagnostic or radiological reports is not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity of the request for Right lumbar sympathetic nerve steroid injection is not fully established in this patient.

Referral to psychology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page 100. Decision based on Non-MTUS Citation Official Disability Guidelines, current online version Chapter: Mental Illness & Stress (updated 03/25/15) Psychological evaluations.

Decision rationale: Referral to psychology per the cited guidelines "Psychological evaluations recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in 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." This patient has a history of chronic pain. The patient has had a spinal cord stimulator since 2007. The patient's surgical history include mid back surgery, right foot and ankle surgery. Patient was recommended revision of SCS on 7/9/15. The medication list include Duragesic patch, Roxicodone, Prozac, Soma, Topamax, Imirtrex. The patient has had history of reactionary anxiety and depression Therefore this a complex case and psychosocial factors are also present. In addition, the patient is taking narcotic medications. An evaluation by a psychologist would help with the management of this patient and is indicated. The request for Referral to psychology is medically necessary and appropriate for this patient.