

Case Number:	CM15-0052093		
Date Assigned:	03/25/2015	Date of Injury:	08/30/2013
Decision Date:	11/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 37 year old male sustained an industrial injury on 8-30-13. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain with myofascial pain and radiculopathy. Previous treatment included physical therapy, injection, epidural steroid injections and medications. In an initial pain management evaluation dated 9-23-14, the physician documented that magnetic resonance imaging lumbar spine (9-16-13) showed no significant pathology. Computed tomography lumbar spine (2-27-14) was normal. The physician recommended a trial of Baclofen and Linzess, a trial lumbar epidural steroid injection at L4-5, a new lumbar magnetic resonance imaging and continuing physical activity and regular exercise. On 10-31-14, the injured worker underwent interlaminar lumbar epidural steroid injection at L4-5 on 10-31-14. In a PR-2 dated 12-10-14, the injured worker reported no improvement with recent epidural steroid injections. In a PR-2 dated 2-23-15, the injured worker complained of ongoing low back pain that had increased with cold weather and radiating numbness, tingling and pain down bilateral lower extremities. The injured worker also reported ongoing depression secondary to chronic pain. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasms, increased pain with range of motion, positive right straight leg raise, range of motion: flexion 50 degrees and extension and bilateral lateral bend 20 degrees, 4 out of 5 right extensor hallucis longus strength and decreased sensation at the lateral aspect of bilateral feet and right posterior thigh. The injured worker received a Dexamethasone and Depo-medrol injection during the office visit. The treatment plan included requesting authorization for a psychology consultation, a follow up pain management visit and continuing physical therapy three times a

week for four weeks and continuing current medications. On 3-11-15, Utilization Review noncertified a request for one follow up visit for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) follow up visit for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, introduction, medical management, pages 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case, the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. The MRI form 9/16/13 showed no significant pathology. The request is not medically necessary.

One (1) psychological referral: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: CA MTUS/ACOEM guideline Chapter 15, Stress Related Conditions, page 398, states, "it is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." In this case, the exam note from 12/10/14 does not demonstrate evidence of severe depression or schizophrenia to warrant specialist referral. Therefore, the request is not medically necessary.

Dexamethasone 20 mg/ml and Depo-Medrol 40 mg/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / oral corticosteroids.

Decision rationale: Per ODG Pain (Chronic) / oral corticosteroids, oral steroids are "not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided." In this case, the patient does not have a diagnosis of PMR and thus the request is not medically necessary.