

<b>Case Number:</b>	CM15-0086327		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 40-year-old female, who sustained an industrial injury on 02/24/2009. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, injections, and conservative therapies. Currently, the injured worker complains of headaches, neck pain radiating to the bilateral upper extremities, upper back pain, low back pain radiating to both legs, bilateral wrist pain, irritability, sexual dysfunction anxiety, difficulty falling asleep, reduced day time sleepiness, and interruption in sleep-awake schedule. Objective findings of the lumbar spine included tenderness to palpation over the paraspinal musculature, full range of motion with low back pain and bilateral lower extremity pain and weakness, and positive straight leg raises at 60° on the right and 70° on the left. The diagnoses include chronic musculoligamentous stretch injury of the cervical spine without radiculopathy, disc herniation in the lumbar spine, acute exacerbation of pain in the cervical spine, chronic musculoligamentous stretch injury of the thoracic spine without radiculopathy, acute exacerbation of thoracic pain, chronic musculoligamentous stretch injury of the lumbar spine with radiculopathy and acute exacerbation of pain, right bicipital tendinitis, repetitive motion disorder to the left wrist, bilateral carpal tunnel syndrome, left thumb tenosynovitis, anxiety and depression, hypertension and rule out H pylori. The request for authorization included pain management consultation for an epidural steroid injection to the lumbar spine, and a psyche consultation secondary to anxiety and depression.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Consultation with pain management for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Ch 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**Decision rationale:** Since consultation for pain specialist is for epidural steroid injection, this review will determine medical necessity based on the necessity of lumbar epidural steroid injection. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. Meets criteria. Patient has had extensive conservative care. 3) Documented improvement from prior ESI: Progress note from 11/2014 states that patient had received epidural injection several months prior but no details concerning ESI was documented. Without documentation of improvement, it fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Since Lumbar epidural steroid injection is not medically necessary, referral to a Pain Specialist is not indicated since ESI would not be medically necessary.

### **Psyche consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** As per MTUS Chronic pain guidelines, behavioral interventions for pain are recommended. Patient has chronic pain and has noted worsening depression and anxiety. An initial consultation with a psychologist to determine therapy and treatment is medically indicated. Psychology consultation is medically necessary.