

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0068455 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 03/29/1999 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female patient who sustained an industrial injury on 03/29/1999. The accident resulted in a low back injury. It was described as during the course of employment she developed the onset of pain in the back while moving and lifting boxes of files. She was evaluated and referred for chiropractic care and physical therapy. Ultimately, she received lumbar epidural injections with noted improvement and she continued working. It was then on 03/29/1999, she re-injured her back when she fell in the parking lot at work. There was also a claim for the right ankle. She was treated thereafter with physical therapy. Of note, surgical intervention was recommended, but it never was authorized. The patient participated in an inpatient psychiatric treatment during multiple months in 2013. From 01/17/2013 through 01/26/2013, the patient was acutely admitted under treating diagnoses of major depressive disorder, nonpsychotic, and work related back injury. The admission documentations showed the patient being treated with antidepressants, Zoloft most recently and trialed Prozac. She was also receiving pain medications treating the work related back injury by taking Norco, and Valium. Upon admission, she was described being anxious, depressed and with suicidal thoughts; more specifically she had a plan. She was admitted to a level II behavioral health services. Initially she was started on Phenobarbital with the thought of decreasing Opiate dose; however, she was having dizziness and unsteadiness so it was discontinued. She continued with Zoloft, but still remained depressed and anxious. On 01/19/2013, it was switched to Cymbalta. She continued showing improvement, was less depressed and no longer with suicidal thought and to continue on outpatient care. A pain management follow up visit dated 06/17/2013 reported a trial of Fentanyl attempted bypassing the gastrointestinal tract and offering at least modest benefit. She reports the nausea and vomiting have generally been stable. She is status

post gastric bypass. Physical examination found the patient with appropriate mood and affect. There is still tenderness to palpation across the low back, but strength in lower extremities is ok. The impression found the patient status post work related injury with chronic back and lower extremity pain; history of severe suicidal ideation, anxiety, and depression following a work related injury, and ongoing nausea and vomiting with unknown etiology. The plan of care involved: trialing a higher dose of Fentanyl 25mcg one patch every 72 hours with thoughts of requiring less Methadone or totally alleviate it. She will continue with anti-emetic administration, and she is pending an inpatient treatment program. On 11/13/2013, she had a pain management follow up visit that reported subjective complaint of having worsened low back pains over the past month. She did undergo a four-month inpatient treatment program and began feeling "stir-crazy" wishing to complete treatment on an outpatient basis. She has had GI consultation evaluating the nausea and vomiting with pending authorization to undergo an esophagogastroduodenoscopy and colonoscopy. She has a medical history of anxiety, depression, and low back pain. Current medications are: Abilify, Fentanyl, Ibuprofen, Lamictal, and Lidoderm 5%, Lunesta, Prilosec, Zofran and Zoloft. Objective findings showed the patient reporting numbness in the right leg in L4-5 distribution. The treating diagnosis is: degeneration of lumbar or lumbosacral intervertebral disc. The plan of care involved: pending authorization to receive a lumbar epidural injection; renew medications, continue close psychiatric follow up and return visit in one month. A report dated October 14, 2013 reviews an MRI from February 15, 2013 identifying mild to moderate neural foraminal narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Overturned

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

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

Decision rationale: Regarding the request for lumbar epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.