

Case Number:	CM14-0217061		
Date Assigned:	01/06/2015	Date of Injury:	07/22/2003
Decision Date:	03/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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

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 fifty-four year old male who sustained a work-related injury on July 22, 2003. A request for four sessions of additional psychological treatment and a repeat lumbar epidural steroid injection (ESI) were non-certified by Utilization Review (UR) on November 24, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination related to the ESI. The CA MTUS recommends that for use of ESI radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the CA MTUS noted 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. The UR physician found that the documentation indicated the injured worker had "snapping band" tenderness over the bilateral quadratus lumborum muscles however there was no clear evidence of neurological pathology documented, corroborated by imaging or by electrodiagnostic studies. Additionally, the UR physician found no clear contemporaneous evidence to confirm a 50% reduction of symptoms for six to eight weeks with associated functional improvement and decreased dependence on medications following the most recent ESI. With regard to the request for four sessions of additional psychological treatment, the UR physician found that the injured worker had developed significant psychiatric pathology including major depressive disorder and substance abuse and was afforded extensive psychological and psychiatric treatment. The injured worker had also been receiving psychiatric treatment and counseling to deal with the death of his son. The UR physician determined that the request was not clearly related to the injured

worker's industrial injury or to non-industrial factors. The request was denied due to no evidence to confirm medical necessity for additional psychiatric treatment specifically related to the industrial injury. A request for Independent Medical Review (IMR) was initiated on December 24, 2014. The documentation submitted for IMR included physician's evaluations from January 9, 2014 through December 11, 2014 and psychiatric reports from May 30, 2013 through October 8, 2014. The injured worker sustained a work -related injury to his low back. Previous treatment included lumbar epidural injections, pain medication, and trigger point injections. A physician's evaluation of November 13, 2014 reported that the injured worker was tender to palpation in the midline of L4-L5 with some muscle spasms with radicular snapping band tenderness radiating out over the left and right in the quadratus lumborum. A physician's evaluation of September 11, 2014 noted that the injured worker was making excellent progress with his psychological counseling and his depression related to his chronic pain was improving however upon the death of his son, the injured worker was back to his previous level of severe depression and anhedonia. On August 11, 2014, the evaluating physician noted that the injured worker had ESI and this provided him with 75% improvement in his left lower extremity radicular pain. Diagnoses associated with the injured worker's injury included low back pain and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar ESI (unknown levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'

Decision rationale: The patient presents with complains of chronic low back pain. The request is for REPEAT LUMBAR ESI. Patient's diagnosis on 12/11/14 included low back pain with radiculopathy, lumbar radiculopathy, possible lumbar facet arthropathy, lumbar disc associated with chronic pain, sciatica, possible SI joint pain. Physical examination to the lumbar spine on 12/11/14 revealed tenderness to palpation to the midline at approximately L4-L5 with some muscle spasms with radicular snapping band tenderness radiating over the left and right in the quadratus lumborum. Patient's work status is not provided. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, 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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections

indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections."Treater has not given reason for the request. In this case, no imaging studies or electrodiagnostic studies were provided. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patient has had two lumbar epidural steroid injections, one ESI on March 2013, with over 75% improvement, per progress report dated 03/13/14, and another on 11/07/13, with 25% improvement of his pain per progress report dated 01/09/14. For repeat blocks, MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Additional psychological treatment x 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with chronic low back pain. The request is for ADDITIONAL PSYCHOLOGICAL TREATMENT X 4. Per progress report dated 12/11/14, patients medications include MS Contin and Norco. Treater states per progress report dated 12/11/14 "patient is depressed, not anxious, agitated, hostile, or belligerent." Patient's work status is not provided. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Patient has received psychological treatments from 05/30/13 and 12/11/14 to help with his depression and has found the treatments beneficial for his pain and depression. Per progress report dated 09/11/14, "... patient states "my son was killed in Afghanistan and I just buried him last week..." Treater has requested 4 additional sessions with a specialist to cope with his grief and pain. In this case, the request meets the guidelines, therefore, the request IS medically necessary.