

Case Number:	CM15-0112439		
Date Assigned:	06/18/2015	Date of Injury:	04/11/2014
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 11, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for a psychiatric evaluation and an L4-L5 epidural steroid injection. The claims administrator referenced a RFA form received on May 7, 2015 in its determination. The claims administrator did approve a cervical epidural steroid injection, it was incidentally noted. A report dated May 4, 2015 was also referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated December 18, 2014, the applicant reported multifocal complaints of neck, back, hand, finger, and arm pain. The applicant had undergone both cervical and lumbar epidural steroid injections on September 26, 2014, it was reported. The applicant was off of work, the treating provider acknowledged. The applicant had ceased using Percocet reportedly owing to side effects. The applicant was still using Motrin for pain relief. The applicant did report difficulty performing various activities of daily living, including gripping, grasping, throwing, lifting, and sleeping owing to his various pain complaints. On March 30, 2015, the applicant had apparently consulted a spine surgeon who had suggested both cervical and lumbar fusion procedures. The applicant remained off of work, it was acknowledged. 9/10 pain complaints were reported. The applicant again reported difficulty gripping, grasping, lifting, carrying, and sleeping secondary to pain. The note was quite difficult to follow as it mingled historical issues with current issues. Epidural steroid injection therapy was re-requested. The applicant was asked to consult an ophthalmologist to address allegations of blurred vision. In a report dated May 4, 2015, it was stated that, in all likelihood, the applicant had developed issues with major depressive disorder. Repeat cervical and lumbar epidural steroid injection therapy was proposed. Once again, it was acknowledged that the applicant was not working. The note, once again, was very difficult to follow as it mingled historical issues with current issues. In

certain sections of the note, it was stated that the applicant was deriving appropriate analgesia from opioid therapy. Other sections of the note stated that the applicant had ceased usage of Percocet owing to reported side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation within the Medical Provider Network: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: Yes, the request for a psychiatric evaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, if symptoms become disabling, despite primary care intervention and persist beyond three months, referral to a mental health professional is indicated. Here, the applicant was off of work. The applicant had developed issues with insomnia, sleep disturbance, and depression, it was reported on May 4, 2015. Moving forward with the proposed psychiatric evaluation was indicated to ameliorate the same. Therefore, the request was medically necessary.

L4-5 Interlaminar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Conversely, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work as of the date of the request, May 4, 2015. The applicant continued to report pain complaints with difficulty performing activities of daily living as basic as gripping, grasping, lifting, and sleeping. The previously performed lumbar epidural steroid injection (s) failed to generate lasting benefit in terms of the functional improvement parameters established in MTUS 9792. 20e. ODGs Low Back Chapter Epidural Steroid Injections topic also notes that cervical and lumbar epidural steroid injection therapy should not be performed on the same date. Here, the attending provider did in fact concurrently seek authorization for cervical and lumbar epidural steroid injection therapy on May 4, 2015. The attending provider, furthermore, had previously performed cervical and lumbar epidural steroid injections on the same date, on September 26, 2014. Moving forward with a repeat lumbar epidural steroid injection was not, thus, indicated, for all of the stated reasons. Therefore, the request was not medically necessary.