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| Case Number: | CM15-0039655 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 01/10/2010 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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: 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 a 44 year old female, who sustained an industrial injury on January 10, 2010. She reported her spleen was split open and internal bleeding, and multiple spine injuries. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included MRI, CT scan, facet nerve blocks, epidural steroid injections, work modifications, physical therapy, exercises with moderate pain relief, psychotherapy with excellent relief, and medications including pain, antidepressant, sleep, muscle relaxant, and non-steroidal anti-inflammatory. On March 11, 2015, the injured worker complains of lower back pain. Her pain level is 7/10 with medications, and 8/10 without medications. Her sleep quality is fair and her activity level is decreased. The physical exam revealed normal muscle strength, except for mild decreased strength of the bilateral extensor hallucis longus. There was decreased sensation over the medial foot bilaterally, normal reflexes, a negative Waddell's sign, positive facet provocation and tenderness, and positive straight leg raise bilaterally. The treatment plan includes an appeal of the denied requests for repeat lumbar transforaminal epidural steroid injection and a one-time psychiatrist consultation to address her current coping skills and depressed mood related to chronic pain and decreased function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI L4 and L5 under fluoro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient was injured on 01/10/10 and presents with low back ache. The request is for "TFESI L4 AND L5 UNDER FLURO AND ONE TIME EVALUATION." The RFA is dated 02/10/15 and the patient is permanent and stationary. The 07/21/10 MRI of the lumbar spine revealed that at L4/L5, there is disc desiccation with posterior annular tear and a circumferential disc bulge with 3.2 mm posterocentral protrusion. Regarding epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In therapeutic phase, repeat block should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Furthermore, MTUS guidelines do not recommend a series of three ESIs. The 02/11/15 report states that the patient has facet provocation, tenderness, and a positive bilateral straight leg raise. She is diagnosed with lumbar radiculopathy. "She received three to four lumbar epidural steroid injection which provided moderate to good pain relief" (date of prior ESI not provided). MTUS requires at least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. In this case, only a general statement is provided stating that the prior ESIs gave "moderate to good pain relief." There is no numerical value provided regarding how much benefit the patient had from the prior ESI. Due to lack of documentation, the requested repeat transforaminal lumbar epidural steroid injection IS NOT medically necessary.

Psychiatry evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 01/10/10 and presents with low back ache. The request is for PSYCHIATRY EVALUATION "to address current coping skills and depressed mood related to chronic pain and decreased function." The RFA is dated 02/10/15 and the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM page 127 states, "Occupational home practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or

course of care may benefit from additional expertise." Labor Code 9792.6 under utilization review definition states, "Utilization review does not include determinations of the work relatedness of injury or disease." If the current treater feels that the patient's mood/depression is complex, then the patient should be allowed a consult with his psychiatrist. The requested psychiatric consultation IS medically necessary.