

Case Number:	CM15-0062773		
Date Assigned:	04/08/2015	Date of Injury:	04/08/2013
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/02/2015

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 57 year old female, who sustained an industrial injury on 04/08/2013. The initial complaints or symptoms included low back injury/pain from lifting a heavy object. It was also noted that the injured worker had suffered an assault from a resident where she worked (unknown date). The injured worker was diagnosed as having lumbar strain and post-traumatic stress disorder. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, conservative therapies, psychological counseling, and injections. Currently, the injured worker complains of chronic low back pain with radiation into the left lower extremity, and panic attacks, irritability and depression. The diagnoses include sacroiliac sprain/strain, adjustment disorder with mixed anxiety and depressed mood, somatic symptom disorder, post-traumatic stress disorder, psych disturbance due to orthopedic condition, and spondylolisthesis. The treatment plan consisted of psychiatric consultation, and transforaminal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd edition, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): chapter 15, "Stress-related Conditions", page 398 > Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Review indicates the patient has a separate work injury with unknown date and suffers from PTSD as a result of being assaulted. The provider further noted the patient was treating with a provider for psychological care and was receiving medications. There are no submitted reports describing any psychological issues, pharmacological used or any specific functional benefit from treatment rendered to support further unspecified care. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. Submitted reports from the provider has not adequately demonstrated the patient's current psychological status nor indicated any psychological evaluation has been done or what functional response or treatment plan has been attained from psychological assessment. The patient has unchanged pain symptoms and clinical findings for this chronic injury without specific acute neurological deficits, acute flare-up, or new injury. The - is not medically necessary and appropriate.

Transforaminal epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Additionally, it has been noted the patient had deferred previous recommendation for the injection due to fear of needles and worsening of symptoms; the provider also indicated the injection would not provide significant benefit for this patient. Criteria for the epidurals have not been met or established. The Transforaminal epidural steroid injection under fluoroscopy is not medically necessary and appropriate.