MAXIMUS Federal Services

Case Number:	CM15-0065945		
Date Assigned:	04/13/2015	Date of Injury:	02/04/2011
Decision Date:	05/21/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 26 year old male, who sustained an industrial injury on 2/04/2011. The injured worker was diagnosed as having lumbar radiculopathy, sacroiliac pain, and low back pain. Treatment to date has included diagnostics, left knee arthroscopy in 6/2011, physical therapy, H-wave unit, and medications. Currently, the injured worker complains of low backache, rated 9/10 with medication use and 10/10 without. He reported decreased activity and increased pain. He reported difficulty starting urine and radicular left leg symptoms. A left sacroiliac joint injection (1/21/2015) was documented to provide some relief in his axial back pain and left gluteal pain, noting overall pain improved by about 50%. He was tearful and depressed due to chronic pain state. Current medication use included Lexapro, Gabapentin, MS Contin, Percocet, and Trazadone. His body mass index was 33.64%. Physical exam noted decreased sensation in the left lower extremity and positive straight leg raise on the left. Magnetic resonance imaging findings (6/04/2014) and electromyogram and nerve conduction studies (2/04/2015) which revealed a left L5,S1 radiculopathy were referenced. The MRI from June 2013 reveals disc herniation at L2-3. The treatment plan included a lumbar transforaminal epidural steroid injection at L5 and S1 and consultation with psychology for chronic pain. His work status was modified duty and if unavailable, total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-office visits.

Decision rationale: Referral to pain management psychologist is medically necessary per the MTUS ACOEM and the ODG guidelines as written. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient continues to have depression and would benefit from a referral to a pain management psychologist. The request specifically does not address treatment as this would need to be specified. A referral for evaluation only would be medically appropriate and necessary.

Transforaminal lumbar epidural injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrodiagnostic Medicine, 2e Hardcover, September 18, 2001 by Daniel Dumitru MD PhD (Author), Anthony A. Amato MD (Author), Machiel Zwarts MD PhD (Author).

Decision rationale: Transforaminal lumbar epidural injection L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and a review of electrodiagnostic causes of radiculopathy in Daniel Dumitru's textbook Electrodiagnostic Medicine.The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Daniel Dumitru in the textbook Electrodiagnostic Medicine states that it is important for the practitioner performing an electrodiagnostic consult to be aware of the various disease processes that may affect the nerve root. The documentation indicates that the patient's prior MRI had findings of a disc herniation of L2-3. A repeat MRI was recommended to correlate with the electrodiagnostic findings at L5-S1. At this point, without evidence of the outcome of the repeat MRI a transforaminal lumbar epidural injection at L5-S1 is not medically necessary as other disease processes can cause radiculopathy (i.e. infectious) and a steroid injection would not be indicated in such as case.