MAXIMUS Federal Services

Case Number:	CM13-0010400		
Date Assigned:	02/20/2014	Date of Injury:	08/16/2011
Decision Date:	04/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old male who was injured on 8/16/11. The patient developed low back pain working as a courtesy clerk for a grocery store. Prior treatment history has included Vicodin, ibuprofen and Pepcid. The patient had a lumbar left L4-5 transforaminal epidural injection on 10/12/12. An MRI of the lumbar spine dated 11/6/12 revealed L4-5 and L5-S1 spondylosis. An MRI of lumbar spine dated 10/7/11 revealed lumbar spondylosis resulting in mild spinal stenosis at L4-5. There is left L3-4 and bilateral L4-5 neural foraminal narrowing; L4-5 is narrowed with discogenic endplate changes. An MRI of the lumbar spine dated 7/9/12 revealed multilevel degenerative changes, worst at L4-5 where there is mild to moderate bilateral neuroforaminal narrowing and moderate canal narrowing. A qualified medical exam report dated 1/23/13 documented the patient to be diagnosed with work-related musculoligamentous lumbar strain, multilevel lumbar degenerative disc disease, L4-5 Modic type I change on MRI, non-verifiable lower extremity complaints, and motor vehicle accident (September 2010). An initial orthopedic evaluation dated 10/19/11 revealed disk bulge with lumbar instability and moderate neural foraminal stenosis. A summary review dated 7/12/13 indicated that the patient had complaints of low back pain with radiation to the left hip region and posterior aspect of the right lower extremity. He notes an increase in the numbness of his right foot. He reports that the Butrans Patch and Norco are ineffective in addressing his pain. He received greater than 50% reduction in his pain for 6 weeks status post the first epidural. He rated his pain at 8/10. He complains of numbness, weakness, bowel incontinence, difficulty walking, balance problems, and sharp/pin and needles/pinching/shooting pain. Objective findings on examination of the lumbar spine include severe decrease in range of motion with flexion and moderate decrease range of motion with extension. There is tenderness to palpation of the paraspinous muscles, left greater than right, and there is no tenderness to palpation of the facet joints and no pain with

facet loading. The sacral exam revealed no tenderness over the SI joints bilaterally, nontender with palpation of the piriformis muscle bilaterally. There is slight weakness limited by pain of left hip flexion. Sensory exam reveals decreased sensation along the anterior left thigh and lateral left thigh, and there was new numbness on the anterior aspect of the right foot. Straight leg raise test is positive on the left and greater trochanteric bursa palpation is negative. Iliotibial band palpation is negative, Patrick's sign (Faber test) is negative, and Piriformis exam is negative. The patient is diagnosed with lumbar spondylosis, lumbar spinal stenosis, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SACRAL ORTHOSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 297. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the guidelines, there is no evidence to substantiate that back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is more than two years status-post her industrial injury date. At this juncture, the use of devices such as lumbar orthotics should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has the potential to cause weakness and atrophy of the paraspinal musculature. The medical necessity of a lumbar sacral orthosis has not been established, and the request is noncertified

REPEAT BILATERAL L4-5 LUMBAR TRANSFORAMINAL EPIDURAL (LTFE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 297.

Decision rationale: According to the California MTUS guidelines, 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 6-8 weeks. A summary review dated 7/12/13 states that the patient received greater than 50% reduction in his pain for six weeks status post the first epidural. The medical records do not reflect that the patient received at least 50% pain reduction with associated reduction in medication use, resulting from the prior L4-5 ESI on 10/12/12. In addition, the 7/12/13 report documented a new finding of numbness on the anterior aspect of the right foot. The medical

records do not demonstrate recent attempts with conservative care, such as exercises, physical methods, and judicious use of appropriate medications. The request for repeat lumbar epidural injection is noncertified.