

<b>Case Number:</b>	CM13-0016419		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Management 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:

This is a patient with a date of injury of July 25, 2012. A utilization review determination dated August 12, 2013 recommends non-certification for a bilateral L5 transforaminal epidural steroid injection and a prefabricated back brace. Non-certification for the transforaminal epidural injection was recommended due to lack of MRI or electrodiagnostic evidence to corroborate a diagnosis of radiculopathy as well as lack of a objective physical examination findings to corroborate left-sided radiculopathy. The car's report dated March 18, 2014 indicates that a right side epidural steroid injection at L5/S1 was approved on March 14, 2014. The note goes on to indicate that the patient has aching down both legs more on the right than on the left. The patient is using medications including Aleve, lorazepam, naproxen, and omeprazole. The note goes on to indicate that the patient has buckling and giving way in his legs and fell about 6 weeks ago. A progress report dated February 3, 2014 indicates that there are nerve studies which correlate with the patient's physical examination findings. Objective examination findings identify leg weakness with knee flexion, extension, and extensor pollicis longus on the left. Right thigh weakness is also noted. The diagnoses include lumbar sprain while on a treadmill, right lower extremity radiculopathy S1 by EMG/NCV, and left lower extremity radiculopathy clinically but diagnostically negative. The treatment plan recommends a custom fitted back brace to improve lumbar stability. Additionally, epidural injections at L5 and S1 are recommended. Additionally, a hot tub is recommended. An electrodiagnostic test dated September 25, 2013 identifies right S1 radiculopathy. A progress report dated May 9, 2013 indicates that flexion extension x-rays on February 18, 2013 identifies grade 1 L4-L5 spondylolisthesis and L5-S1 retrolisthesis. An MRI report dated February 18, 2013 identifies a mild disc bulge at L5-S1 with moderate bilateral lateral recess stenosis and a minimal disc bulge at L4-L5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **BILATERAL L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, it is acknowledged that there are electrodiagnostic findings supporting a diagnosis of S1 radiculopathy. However, the currently requested injection is for an L5 transforaminal epidural. There are no electrodiagnostic findings supporting a diagnosis of L5 radiculopathy bilaterally. Additionally, the physical examination findings on the right side do not correlate with an L5 radiculopathy. Finally, it appears the patient has had a recent right-sided L5-S1 epidural injection, and there is no documentation of at least 50% pain relief with associated reduction in medication use and objective improvement for at least 6 to 8 weeks as recommended by guidelines prior to repeat epidural injections. In the absence of such documentation, the currently requested bilateral L5 transforaminal epidural steroid injection is not medically necessary.

### **PREFABRICATED BACK BRACE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), Low Back Chapter, Lumbar Supports.

**Decision rationale:** Regarding the request for lumbar brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, the requesting physician has

identified flexion extension x-rays identifying spondylolisthesis at 2 levels. The patient also complains of axial (as well as radicular) low back pain. The patient has undergone conservative treatment in the form of medication, injections, and physical therapy with no resolution of symptoms. Therefore, the use of a prefabricated back brace is in accordance with guidelines and medically necessary.