

Case Number:	CM13-0018943		
Date Assigned:	03/12/2014	Date of Injury:	07/24/2002
Decision Date:	04/22/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/29/2013

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 male patient with a date of injury of July 24, 2002. A utilization review determination dated August 12, 2013 recommends noncertification of Flector patch, lumbar corset, and lumbar epidural steroid injection. Naproxen and TENS (transcutaneous electrical nerve stimulation) unit patches are recommended for certification. A progress report dated February 12, 2014 identifies subjective complaints of low back pain. The note indicates that the patient has been doing well and his pain has been controlled. Physical examination identifies reduced sensation in the right greater than left lower extremity, as well as tenderness to palpation around the lumbar paraspinal muscles. Diagnoses included a lumbar discogenic syndrome, lumbar sprain/strain, insomnia, and myofascial pain. The treatment plan recommends continuing medication including Naproxen, home exercise program, TENS, and a lumbar corset. A utilization review appeal dated August 26, 2013 includes Official Disability Guidelines related to lumbar epidural steroid injections. The note goes on to indicate that the patient complains of low back pain with paraspinal muscle hypertonicity present on examination. The note also indicates that there is decreased sensation in the right greater than left lower extremity. An MRI of the lumbar spine dated September 23, 2010 identifies an annular tear at L5-S1 and a 6 mm right foraminal disc-osteophyte complex and mild foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector® Patch Section.

Decision rationale: Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address the issue. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. The request for Flector patches, 60 count, is not medically necessary or appropriate.

ONE (1) LUMBAR CORSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: Regarding the request for lumbar corset, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The 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. The 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 thirty and ninety days in people with subacute low back pain lasting one to three months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. The request for one lumbar corset is not medically necessary or appropriate.

ONE (1) EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 26 and 46.

Decision rationale: Regarding the request for repeat lumbar epidural injection, 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 four blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy (such as pain in a specific dermatomal distribution). The MRI report provided for review does identify some neuroforaminal stenosis. However, since the epidural injection and physical examination do not identify specific radiculopathic levels, it is unclear whether the MRI corroborates the patient's subjective complaints and physical examination findings. The request for one Lumbar ESI is not medically necessary or appropriate