

Case Number:	CM13-0022204		
Date Assigned:	11/13/2013	Date of Injury:	01/03/2012
Decision Date:	10/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53 year old male with date of injury 1/13/2012. The mechanism of injury is stated as a fall. The patient has complained of lower back pain with radiation of pain to the bilateral lower extremities since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications. MRI of the lumbar spine dated 02/2013 revealed degenerative disc disease with abutment of nerve roots at L5-S1 and S1. EMG of the bilateral upper and lower extremities performed 01/2013 revealed radiculopathy of C6-7 on the left and bilateral L5 radiculopathy. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the lumbar spinous processes, positive Kemp's test bilaterally, positive straight leg raise bilaterally, decreased sensation in the bilateral L4-5 dermatomes, decreased motor strength in the bilateral knee extensors. Diagnoses: lumbar spine degenerative disc disease, lumbar spine radiculopathy. Treatment plan and request: epidural steroid injection L5, L5-S1 X2, LSO.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTIONS, L5 AND L5-S1 TIMES 2:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , EPIDURAL STEROID INJECTIONS, 46

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

Decision rationale: This 53 year old male has complained of lower back pain with radiation of pain to the bilateral lower extremities since date of injury 1/13/2012. He has been treated with physical therapy, chiropractic therapy and medications. The current request is for epidural steroid injection L5, L5-S1 X2. Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, repeat blocks should be performed only if there is objective documented pain and functional improvement including at least a 50% pain relief in association with reduction in medication use. On the basis of the above MTUS guidelines and available provider documentation, epidural steroid injection of L5, L5-S1 X 2 injections is not indicated as medically necessary.

LSO BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , PHYSICAL METHODS, 301

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 301.

Decision rationale: This 53 year old male has complained of lower back pain with radiation of pain to the bilateral lower extremities since date of injury 1/13/2012. He has been treated with physical therapy, chiropractic therapy and medications. The current request is for LSO. Per the MTUS guideline cited above, lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar support brace is not indicated as medically necessary.

