

Case Number:	CM13-0023460		
Date Assigned:	11/15/2013	Date of Injury:	05/25/2011
Decision Date:	01/16/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 63 year old female presenting with low back pain following a work related injury on 05/25/2011. The claimant reported that the pain radiates to the left leg. Walking exacerbates her pain. The claimant's current relevant medications include Flector patch, gabapentin, Salonpas patch, tramadol, Lidoderm patch, Medrol Dosepak, Celexa, and Wellbutrin. The claimant had two epidural steroid injection providing 90 and 70% relief respectively and lasting greater than 8 weeks. She had an additional epidural steroid injection that provided 15% improvement. The claimants physical exam was significant for positive seated straight leg raise bilaterally, patella jerk 3/4 bilaterally. The claimant was diagnosed with lumbosacral degenerative disc disease, lumbar disc displacement, cervical disc degeneration, cervical disc displacement, anxiety disorder and depressive disorder. The claimant was made for L4-5, L5-S1 transforaminal epidural steroid injection, physical therapy twice per week for 3 weeks, and a sciatic seat cushion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 47.

Decision rationale: L4-5, L5-S1 transforaminal epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The claimant last epidural only provided 15% reduction in her pain. Additionally the claimant already had 3 epidural steroid injections. CA MTUS does not recommend more than two injections with less than 50% reduction in pain. Unfortunately, the claimant does not meet CA MTUS guidelines page 47; therefore the epidural steroid injection is not medically necessary.

Physical therapy 2 times a week times 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

Decision rationale: Physical therapy 2 x per week for 6 weeks is not medically necessary. Page 99 of CA MTUS states "physical therapy should allow for fitting of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records do not document prior physical therapy and the length of time. As it cannot be determined whether the claimant has previously met the recommended time-limit of 8-10 visit over 4 weeks the present request become non certifiable; therefore not medically necessary.

Sciatic seat cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Pain, Treatments

Decision rationale: A sciatic seat cushion is not medically necessary. MTUS does not directly address this. The official disability guide for durable medical equipment (DME) follows Medicare guidelines which defines DME as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Unfortunately, a sciatic seat cushion does not fit Medicare criteria for DME. A sciatic seat cushion cannot be rented or used by successive patients. Additionally, the cushion cannot be justifiably used to serve a medical purpose other than for the patient's comfort.