

Case Number:	CM13-0024090		
Date Assigned:	11/20/2013	Date of Injury:	09/25/2012
Decision Date:	02/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 patient is a 53-year-old female who reported a work-related injury on 09/25/2012 as a result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses: lumbar sprain/strain, carpal tunnel syndrome, neck sprain/strain, other unspecified disorders of soft tissue, sprain/strain of unspecified site of shoulder and upper arm, thoracic sprain/strain, thoracic lumbosacral neuritis or radiculitis, wrist sprain/strain, thoracolumbar strain/sprain, cervical sprain/strain, bilateral wrist tendonitis, and bilateral shoulder sprain/strain. MRI of the lumbar spine dated 05/06/2013 revealed, specifically at the L5-S1 level, a 1 mm posterior broad-based disc bulge which abuts but does not touch the ventral thecal sac. In the right lateral recess, there is abutment of the budding right S1 nerve root. In the left lateral recess, there is near abutment of the budding left S1 nerve root. Moderate-to-severe bilateral neural foraminal stenosis was present, and there was abutment of the bilateral foraminal L5 nerves. Mild hypertrophic arthropathy of the facet joints was also present. The clinical note dated 08/20/2013 reports the patient was seen under the care of the requesting physician for lumbar spine pain complaints. The provider documents the patient rates her pain at 8/10. The provider further documents the patient utilizes Hydrocodone, Omeprazole, Diclofenac, and Cyclobenzaprine. The provider documented, on physical exam, the patient ambulated with a wide-based gait. Heel-toe walk was performed with difficulty. The provider documented the patient presented with positive straight leg raise, Kemp's testing bilaterally. Motor strength was 5/5 throughout the bilateral lower extremities, with the exception of the bilateral big toe extensors, which were rated at 4/5. The provider recommended the patient undergo bilateral L5-S1 and S1 transforaminal epidural steroid injections times 2, as well as a lumbar traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 and S1 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The clinical documentation submitted for review states the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 09/2012. Imaging of the patient's lumbar spine and objective findings of symptomatology upon physical exam support injection therapy at this point in the patient's treatment; however, injections times 2, without documented evidence of efficacy following an initial injection, cannot be supported. California MTUS indicates, "Repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks." The guidelines further give "a general recommendation of no more than 4 blocks per region per year." Given that the request is rendered times 2, without evidence of the patient's initial reports of efficacy with injection therapy at the L5-S1, the request for bilateral L5-S1 and S1 transforaminal epidural steroid injection times 2 is not medically necessary or appropriate.

Lumbar traction unit for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter.

Decision rationale: The clinical documentation submitted for review states the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 09/2012. The clinical notes document the patient has exhausted lower levels of conservative treatment, including physical therapy interventions, medication regimen and activity modifications. California MTUS/ACOEM guidelines do not specifically address this treatment. Official Disability Guidelines indicate traction is not recommended using power traction devices, but home-based, patient-controlled gravity traction may be a non-invasive conservative option if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. However, as the sole treatment, traction has not been proven effective for lasting relief in treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. Given that the clinical notes failed to provide evidence that the patient would utilize concomitant, supervised therapeutic interventions while utilizing traction, the request for a lumbar traction unit for home use is not medically necessary or appropriate.

