

Case Number:	CM13-0030525		
Date Assigned:	11/27/2013	Date of Injury:	03/02/2010
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/30/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported a work-related injury on 03/02/2010, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: disc lesion of the lumbar spine with radicular symptoms, disc lesion of the cervical spine with radicular symptoms, degenerative joint disease in the bilateral hips, degenerative changes noted in the wrist, impingement syndrome of the bilateral shoulder and greater trochanteric bursitis. The clinical note dated 08/15/2013 reported that the patient was seen for an orthopedic consultation under the care of [REDACTED]. The provider documented that the patient reported continued pain to the low back with radicular pain to the left lower extremity. The provider documented tenderness to palpation over the paraspinal musculature with paraspinal spasms and straight leg raise positive. The provider reported that an MRI of the lumbar spine revealed disc herniations at the level of L3-4, L4-5 and L5-S1. Subsequently, the patient requested authorization for lumbar epidural steroid injections at the L3-4, L4-5 and L5-S1. In addition, the provider recommended an LSO brace for support and relief and an X-force stimulator to cure and/or relieve the patient's injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection at L3-L4, L4-L5 and L5-S1: Upheld

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

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

Decision rationale: The current request is not supported. The patient presented status post a work-related injury of close to 4 years time. It is unclear if the patient had previously utilized epidural steroid injections for her pain complaints and the efficacy of treatment. Additionally, no official imaging study of the patient's lumbar spine was submitted for review. The California MTUS indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes did not reveal any motor, neurological or sensory deficits upon exam of the patient. Given the above, the request for a lumbar spine epidural steroid injection at L3-4, L4-5 and L5-S1 is neither medically necessary nor appropriate.

Lumbar Support Orthotic (LSO) Brace: Upheld

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

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

Decision rationale: The current request is not supported. The California MTUS/ACOEM indicates that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. The patient presents close to 4 years status post her original work-related injury to the lumbar spine. Given that the clinical notes lack evidence of any instability about the lumbar spine and as the patient is in the chronic phase of her injury, the request for an LSO brace is neither medically necessary nor appropriate.

X-force stimulator for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The current request is not supported. The California MTUS indicates that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in term of pain relief and function; rental would be preferred over purchase during this trial. Given the lack of documentation evidencing the patient's reports of efficacy during a trial use of this modality, the request for an X-force stimulator for the low back is not medically necessary or appropriate.