MAXIMUS Federal Services

Case Number:	CM13-0041468		
Date Assigned:	12/20/2013	Date of Injury:	02/06/1996
Decision Date:	03/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 52-year-old male who reported an injury on 02/06/1996. The mechanism of injury was not provided for review. The patient reportedly sustained injury to his low back. Previous treatments have included physical therapy and anti-inflammatory medications. Patient underwent an MRI of the lumbar spine in 04/2012 that revealed there was a broad-based disc bulge causing severe central canal stenosis at the L3-4, the disc bulge at the L4-5 causing moderate central canal stenosis. The patient's most recent clinical examination findings revealed tenderness to palpation over the paravertebral musculature of the lumbar spine and bilateral sciatic notches with decreased range of motion secondary to pain. The patient had a positive straight leg raising test bilaterally, radiating paresthesia into the L4-5 dermatomes, decreased sensation in L4-5 nerve root distribution. The patient's diagnosis included thoracic musculotendinous sprain/strain. The patient's treatment plan included continuation of a home exercise program, an epidural steroid injection, and surgical consultation for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-3 and L4-5 transforaminal ESI steroid Injections x 2: 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 Injections Page(s): 46.

Decision rationale: The requested bilateral L3-4 and L4-5 transforaminal epidural steroid injection times 2 is not medically necessary or appropriate. The MTUS guidelines recommend that epidural steroid injections are appropriate for patients who have radicular complaints that are verified upon clinical examination and corroborated by an imaging study that have been nonresponsive to conservative treatments. The clinical documentation submitted for review does indicate that the employee has previously had physical therapy and is being treated with anti-inflammatory medications. Also, the imaging study provided does suggest nerve pathology as there is moderate to severe central canal stenosis in the L3-4 and L4-5 levels. However, the employee's physical findings only support radiculopathy in the L4-5 distribution. Therefore, the need for an L3-4 epidural steroid injection cannot be determined. Additionally, the MTUS guidelines recommend repeat epidural steroid injections be based on at least 50% pain relief for up to 4 to 6 weeks with documentation of functional improvement. Without the response to an initial injection, the determination of a second injection cannot be made. Therefore, a series of the 2 injections would not be recommended. As such, the requested bilateral L3-4 and L4-5 transforaminal epidural steroid injections times 2 are not medically necessary or appropriate.

LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The requested LSO brace is not medically necessary or appropriate. The ACOEM guidelines recommend back braces for patients who have acute injuries. Due to the age of this injury, the employee would be considered in a chronic phase. Therefore, the need for back brace is not supported by guideline recommendations. As such, the requested LSO brace is not medically necessary or appropriate.

Home traction unit: Overturned

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

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, Traction

Decision rationale: The requested home traction unit is medically necessary and appropriate. Official Disability Guidelines recommend a home-based patient controlled gravity traction unit as a conservative option when used as an adjunct therapy to active therapy. The clinical

documentation submitted for review does indicate that the patient is participating in a home exercise program that would benefit from adjunct therapy of a traction unit. Therefore, the home traction unit is medically necessary and appropriate.