

Case Number:	CM13-0044714		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2010
Decision Date:	12/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family 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 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 an adult male who sustained a work related injury on 01/09/2012. The mechanism of injury is not discussed. His diagnoses include Lumbar radiculitis, Lumbar degenerative disc disease, and chronic back pain. He has previously been treated with three lumbar epidural steroid injections at the L4/L5 level with good results. A Lumbar MRI was performed, which did show a disc bulge at L3/L4 and L4/L5. Further treatment has included medications (he is on chronic narcotics and muscle relaxants.) He is currently employed as a machinist. His physician requested for him a LESI at the L5/S1 level. A utilization review physician did not certify this request since the MRI found the L5/S1 disc space to be unremarkable. An Independent Medical Review has now been requested to determine the medical necessity of the LESI at the L5/S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI Interlaminar LS-S1 w/ Fluoroscopic Guidance and Conscious Sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 80.

Decision rationale: Below are the California MTUS guideline criteria for the use of Epidural steroid injections: 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. We recommend no more than 2 ESI injections. In applying the above criteria to this patient's case it is noted that radiculopathy is not noted on physical examination and collaborated with imaging studies and/or electrodiagnostic testing. The patient had an MRI, which showed the intravertebral disc at L5-S1 disc space to be unremarkable. Therefore, the medical necessity of this request is not established. The request is not medically necessary.

DME Back Brace w/ Vibration/ Massager: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints, Page(s): 301-305.

Decision rationale: According to California MTUS guidelines, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." A back brace is a type of lumbar support. This patient has chronic back pain. Further more, guidelines state, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Therefore the request is not medically necessary.