

Case Number:	CM13-0048401		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2010
Decision Date:	03/05/2014	UR Denial Date:	10/19/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a female patient with a date of injury of 11/28/10. A supplemental report dated 10/7/13 identifies subjective complaints including 7-9/10 low back pain radiating to the bilateral lower extremities with numbness and tingling only when she sits a lot or walks long distances. She had epidural injection with good relief. The patient is taking Norco. Objective examination findings identify antalgic gait to the right, diffuse tenderness over the paraspinal musculature and facet tenderness at L3-S1, positive sacroiliac testing on the right, positive Kemp's and straight leg raise, and 4/5 right knee extensors and hip flexors. Diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The treatment plan recommends right L3-4 and L4-5 transforaminal epidural steroid injections. Prior injections by another provider were said to provide more than four months relief with reduction of oral intake of medications by half, and ability to stand and walk for a significantly longer amount of time. Medical reports dated 12/19/12 and 1/28/13 note relief after epidural steroid injection. 120 Lortab 10/500mg was prescribed on both dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

right L3-L4 and L4-L5 transforaminal epidural steroid injections:

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 Page(s): 26, 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that 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 four blocks per region per year. Within the documentation available for review, the current provider notes that prior epidural steroid injections gave more than four months relief with reduction of oral intake of medications by half and ability to stand and walk for a significantly longer amount of time. However, the available medical reports from just after the prior injections identify only pain relief that is not quantified. There was no documentation at that time of functional improvement and it appears that the same amount of opioids continued to be prescribed. In light of the above issues, the request is not medically necessary.

LSO back brace: Upheld

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

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

Decision rationale: The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, it is noted that the patient is well beyond the acute stage of injury and there is no documentation of another rationale for a back brace such as spinal instability, compression fracture, or a recent spinal surgery. In the absence of such documentation, the currently request is not medically necessary.