

Case Number:	CM13-0054965		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2004
Decision Date:	03/26/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice and is licensed to practice in 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 58 year old male who reported injury on 07/24/2004. The mechanism of injury was noted to be the patient was working under a truck and the truck fell on him. The patient had an NCV of the lower extremities on 01/17/2012 which revealed a normal NCV of the peripheral nerves of the bilateral lower extremities. There were no electrodiagnostic findings to suggest the presence of mononeuropathy, peripheral neuropathy, or lumbosacral plexopathy. The patient had an MRI of the lumbar spine with and without contrast on 07/31/2013 which revealed at L5-S1 there was moderate facet arthropathy bilaterally and it was indicated the patient had a prior discectomy with interbody fusion at that level. There was no canal stenosis. The patient indicated that pain was constant but worse with any type of movement and his left foot was warm and his right foot was always cold. It was indicated the patient postponed the caudal epidural. Neurologically, the patient had symmetrically depressed ankle reflexes and decreased strength bilaterally, lower extremities that was at 4+/5 and the patient had decreased sensation to light touch at S1. At the left knee, the patient had 1+ deep tendon reflexes, at the left ankle 2+ deep tendon reflexes, at the right knee 0 reflexes, and at the right ankle 1+ reflexes. The patient's diagnoses were noted to include lumbago, chronic hip pain, hip fracture, shoulder arthralgia, degenerative disc disease in the lumbar region, stenosis of the lumbar spine, lumbar radiculopathy, and postlaminectomy syndrome of the lumbar region. The treatment authorization request were noted to be for an authorization for a lumbar flexion/extension x-ray series, a caudal ESI, and a [REDACTED] brand thoracolumbar brace [REDACTED]. It was indicated the patient was given a lumbar support brace 3 years prior where the plastic was wearing away and cutting into his skin. The physician opined that the patient would benefit from an LSO corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 [REDACTED] Brand Thoracolumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

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

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the patient had a previous back brace and it was worn out. There was a lack of documentation indicating the patient had spinal instability to support the necessity for a new brace. Given the above, the request for 1 prospective 1 [REDACTED] brand thoracolumbar support is not medically necessary.

Prospective 1 Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections for patients who have radiculopathy that is documented by objective physical examination findings and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. Clinical documentation submitted for review failed to indicate the patient had corroboration of the radiculopathy findings upon objective examination. There was a lack of MRI findings to support the necessity for an epidural steroid injection. Additionally, there was a lack of documentation indicating the patient's unresponsiveness to conservative treatment and what the conservative treatment was. Given the above, the request for prospective 1 caudal epidural steroid injection is not medically necessary.