MAXIMUS Federal Services

Case Number:	CM13-0055048		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2012
Decision Date:	12/31/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational Medicine, 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of May 1, 2012.In a Utilization Review Report dated November 4, 2013, the claims administrator failed to approve a request for a lumbar epidural steroid injection, stating that the applicant was concurrently receiving a sacroiliac joint injection, and also denied a ThermaCool hot and cold device. Non-MTUS ODG Guidelines were invoked to deny the latter.The applicant's attorney subsequently appealed.In a November 7, 2013, progress note, the applicant reported ongoing complaints of low back pain with radiation to and numbness about the right lower extremity. The applicant was status post earlier right shoulder surgery. The applicant also reported some paresthesias about the right lower extremity apparently associated with alleged complex regional pain syndrome (CRPS). The applicant was also on Neurontin, Vicodin, Flexeril, Xanax, and Cymbalta it was noted. The applicant was asked to continue Vicodin, Flexeril, and Neurontin while following up with her psychiatrist. Epidural steroid injection therapy was sought on the grounds that the applicant had evidence of nerve root impingent on the right, radiographically confirmed, at L4-L5 and L5-S1. The attending provider stated that the applicant had disc protrusions at the levels in question generating associated neural foraminal stenosis. A hot and cold ThermaCool device was endorsed. It was clearly stated whether the applicant had had or not had previous epidural steroid injection therapy. The applicant was placed off of work, on total temporary disability, on November 18, 2013. It was again stated that the applicant had issues with lumbar radiculitis. Epidural steroid injection therapy at the L4-L5 and L5-S1 levels were sought on the grounds that the applicant had a presentation suggestive of radiculopathy about the right L4-L5 and L5-S1 levels. The applicant was given an SI joint injection in the clinic. Both shoulder and low back pain were appreciated. The applicant was having issues with

anxiety, it was further noted.The remainder of the file was surveyed. It did not appear that the applicant had had prior epidural steroid injection therapy. A progress note of August 26, 2013 was notable for the fact that the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant also had numbness and tingling about the bilateral lower extremities. The attending provider again alluded to the applicant's having lumbar MRI imaging of May 13, 2013, notable for multilevel disk protrusions at L3-L4, L4-L5, and L5-S1 with associated neural foraminal stenosis and spinal canal stenosis. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI - L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, there is some radiographic corroboration of radiculopathy at the levels in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does outline a role for up to two diagnostic blocks, it was further noted. The request in question is a first-time request for epidural steroid injection therapy. A trial diagnostic (and potentially therapeutic) block is therefore indicated at the levels in question. Accordingly, the request is medically necessary.

ThermoCool hot/cold: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Table 9-6, page 212; Table 12-8, page 308. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Cryotherapy section

Decision rationale: The applicant's primary pain generators are the low back and shoulder. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212 and the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, both acknowledge that at-home local applications of hot and cold are "optional" in the evaluation and management of the low back and shoulder pain complaints, as are present here, ACOEM does not, by implication, support the more elaborate ThermaCool device for delivering cryotherapy and/or heat therapy. The Third

Edition ACOEM Guidelines does take a stronger position on high-tech devices for delivering cryotherapy, noting that such devices are "not recommended" as this is something that an applicant can perform independently. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.