

Case Number:	CM13-0056275		
Date Assigned:	12/30/2013	Date of Injury:	05/27/2009
Decision Date:	04/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker had an original date of injury of may 27 2009. The mechanism of injury was a fistfight altercation. The patient has diagnoses of chronic low back pain, insomnia, post traumatic disorder, multilevel lumbar stenosis, lumbar facet arthropathy, and right shoulder pain. The disputed issues of this case are request for a transforaminal epidural steroid injection and a lumbosacral orthotic area the rationale for the denial of the epidural steroid injection is that "radiculopathy must be documented. Objective findings on examination need to be present." The rationale for the non- certification of the lumbar supports include the citation that ACOEM Chapter 12 indicates that lumbar supports "have not been shown to have any lasting benefit beyond the acute phase of symptom relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injections at the right L3-L4 and L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 47.

Decision rationale: The primary treating physician's supplemental report on date of service November 5, 2013 specifies that the requesting healthcare provider concurs with a consulting physician's request for authorizing a right L3-4 and L4-5 transforaminal epidural steroid injection. There was no physical examination documenting radicular findings associated with this report, but a previous report did indicate radicular symptoms. A physical examination performed on October 25, 2013 did reveal positive straight leg raise sign on the right from seated and supine positions. Sensory examination reveals decrease right L3 and L4 dermatomes. There is documentation in a psychiatry clinical visit on November 14, 2013 that the injured worker had a lumbar MRI performed in September 2013. In reviewing the submitted documentation, it does not appear that the lumbar MRI report from a radiologist's reading has been included. Given the lack of a corroborative study, this request is recommended for non-certification.

Purchase of a lumbosacral orthosis brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: The documents did not demonstrate the need for a lumbosacral orthosis. The guidelines do not recommend lumbosacral orthosis in the treatment of chronic low back pain. The peer reviewed evidence is very poor for this indication. At times, lumbosacral orthosis may be indicated for documented instability of the spine or in the postoperative period acutely, but neither of these indications applies to this injured worker. This request is recommended for non-certification.