

Case Number:	CM13-0058134		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2004
Decision Date:	04/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This claimant is a 63-year-old male with a history of a lower back injury and diagnosed with a lumbar strain. He has also noted right leg pain. The records indicate that he underwent two previous epidural steroid injections. The first injection was noted to provide only 25 percent pain relief for two weeks. The second injection was noted to provide "little if any symptomatic benefit." The claimant has received other rather extensive treatment as well. There is a request for a repeat epidural injection and a request for a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301.

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

Decision rationale: The requested lumbar support cannot be recommended as medically necessary. The ACOEM Guidelines specifically indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Lumbar supports are not recommended for treatment or prevention of lower back pain but rather are generally

provided for patients with true documented instability or postoperative treatment after surgical fusion. Therefore, the requested lumbar back support is not medically necessary or appropriate.

LUMBAR EPIDURAL STEROID INJECTION: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's Comp: 18th edition; low back: ESI's

Decision rationale: The requested repeat lumbar epidural steroid injection cannot be supported based on the information reviewed. The most recent records suggest that the claimant has degenerative findings at multiple levels with lumbar spondylosis and stenosis. The claimant has treated his chronic symptoms with many forms of treatment, including epidural steroid injections. It is unclear why epidural steroid injection is being revisited at this time given the failure for significant symptomatic relief with the past injections. The ACOEM Guidelines do not support epidural steroid injections. The Official Disability Guidelines, in general, recommend that a repeat epidural steroid injection is not performed unless patients have at least 50 percent relief for four to six weeks following prior injection. Accordingly, the Official Disability Guidelines would not support a repeat epidural steroid injection at this time based on the failure to have sufficient improvement after prior attempts at treatment with this modality. Therefore, the requested lumbar epidural steroid injection is not medically necessary or appropriate.