

Case Number:	CM13-0059706		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2010
Decision Date:	04/09/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; adjuvant medications, including Neurontin; NSAIDs; a TENS unit; a prior L5-S1 lumbar fusion surgery; and topical applications of heat and cold. In a utilization review report of November 14, 2013, the claims administrator denied a right S1 transforaminal epidural steroid injection, stating that the applicant's allegation of radiculopathy have not been corroborated radiographically. The applicant's attorney subsequently appealed. A September 10, 2013 psychological evaluation is notable for comments that the applicant has ongoing medical and mental health issues which he attributes to the industrial injury. The applicant is described as totally temporary disabled from a mental health perspective and is given a 24% mental health impairment rating. An October 23, 2013 pain management note is notable for comments that the applicant reports 8-9/10 low back pain radiating to the right leg with associated numbness and tingling. The applicant is on Naprosyn and Neurontin. The applicant exhibits an antalgic gait and is described as having diminished right S1 sensorium and hypoactive right ankle reflex. The applicant is described as status post lumbar fusion surgery at L5-S2. An epidural steroid injection is endorsed at S1, along with a lumbar support. On December 10, 2013, it is stated that the applicant recently had an S1 selective nerve root block which he states made his pain worse. S1 joint injection therapy is sought at that point, while the applicant is placed off of work on total temporary disability. It is stated that it is possible that the indwelling hardware could be generating the applicant's complaints. An earlier note of November 12, 2013 was notable for comments that the applicant underwent an epidural steroid injection on November 7, 2013 with no help. The applicant was placed off of work, on total temporary disability, on that date. A CT

of the lumbar spine without contrast on November 6, 2013 was notable for suboptimal visualization of the L5-S1 space owing to artifact from the fusion and instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Transforaminal Epidural Steroid Injection: Overturned

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

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

Decision rationale: The epidural injection in question represented a first-time injection following a prior lumbar fusion surgery in 2012. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic blocks are recommended. In this case, the applicant did have ongoing symptoms of low back pain with associated radicular signs and symptoms as evinced by hypoactive ankle reflexes and hyposensorium noted about the leg in question. A diagnostic epidural block to try and diagnose and/or ameliorate the applicant's symptoms was medically necessary, appropriate, and indicated here, although it is incidentally noted that a CT scan of November 2013 did not definitively establish the presence of a new disk herniation owing to metallic artifact. Nevertheless, given the applicant's residual symptoms, the failure of both operative and nonoperative treatment, and the fact that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, the request is retrospectively certified, on Independent Medical Review.

DME Purchase-LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is several years removed from the date of injury. He is well outside of the acute phase of symptom relief. The date of injury was August 2, 2011. Ongoing usage of lumbar support is not indicated as of this point in time. Therefore, the request is not certified, on Independent Medical Review.