MAXIMUS Federal Services

Case Number:	CM13-0061159		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2002
Decision Date:	09/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

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:

This is a 37-year-old male with a 5/3/02 date of injury, while moving chairs. An 11/27/13 determination was certification for an office visit, and non-certification for back brace and a caudal catheter ESI with fluoroscopy. Reasons for non-certification included no support for a post-operative back brace in the patient's situation and no specific findings of radiculopathy on exam. Records indicate that the patient underwent an epidural injection in mid-2012 and underwent a trial of intrathecal infusion. Subsequently, the patient had the pump implanted in November 2012. A 10/29/13 medical report identified that the patient presented for pump adjustment. It was also noted that the patient had lumbar spine surgery with fusion and hardware removal. There is low back pain radiating to the lower extremity. Exam revealed decreased range of motion, tenderness to palpation of the lumbar paraspinous area. There is positive straight leg raise test (SLR). Diagnoses include opioid type dependence, unspecified thoracic/lumbar, and post laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and is under study for post-operative use. There was no indication for the use of a lumbar brace in this patient. Guidelines do not support the use of a lumbar brace in chronic pain syndromes. The medical necessity was not substantiated.

Caudal catheter epidural steroid injection under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology, and failure of conservative treatment. While there is indication of low back pain radiating to the lower extremity and positive SLR, there is no specific findings in a dermatomal distribution and no imaging providing to corroborate such findings. There was also indication that the patient had an epidural injection on 2012, and there was no indication of the level(s) requested or the improvement from such medication. The medical necessity was not substantiated.