

<b>Case Number:</b>	CM13-0072737		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 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 patient with a date of injury of 6/14/12. A utilization review determination dated 12/20/13 recommends non-certification of an LSO brace. ESI x 2 was modified to an ESI x 1. 12/3/13 medical report identifies pain in the back radiating to the "right left leg" with tingling. On exam, there is an antalgic gait to the right with lumbar spine tenderness, including moderate facet tenderness from L4 to S1. SI joint tests were positive on the right. Kemp's test was positive bilaterally and SLR was positive on the right. Sensation was decreased along the right L4 and L5 dermatomes. There was 4/5 strength at the big toe and knee extensors on the right. Recommendations included right L4-5 and L5-S1 transforaminal ESIs x 2 and an LSO brace. 4/26/13 lumbar spine MRI identifies: L3-4 3 mm left foraminal disc protrusion with abutment of the exiting left L3 nerve root; L4-5 broad 3 mm midline disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally with a posterior annular tear; L5-S1 2-3 mm biforaminal disc protrusions with abutment of the exiting right and left L5 nerve roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT L4-L5 AND RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION 2 TIMES: Upheld**

**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:** Regarding the request for right L4-L5 and right L5- S1 transforaminal epidural steroid injection times two (2), CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. They also note that a second block is not recommended if there is inadequate response to the first block, and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Within the documentation available for review, there is documentation of radiculopathy corroborated on exam and imaging and failure of conservative treatment. However, there is no support for a second injection unless there is an adequate response to the first injection as described above and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested right L4-L5 and right L5- S1 transforaminal epidural steroid injection times two (2) is not medically necessary.

**LOS 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 Page(s): 301.

**Decision rationale:** Regarding the request for LSO brace, CA MTUS and ACOEM state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is noted to have a chronic injury and there is no rationale presented for lumbar bracing such as spinal instability or a recent/pending surgical procedure. In light of the above issues, the currently requested LSO brace is not medically necessary.