

Case Number:	CM14-0004597		
Date Assigned:	01/24/2014	Date of Injury:	07/01/2008
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 36-year-old female who reported an injury on 07/01/2008 due to an unknown mechanism. The clinical note dated 01/30/2014 indicated that the injured worker reported constant pain in the neck that radiated to the arms and lower back, which radiated to both buttocks and thighs intermittently. On physical exam, the injured worker had limited back motion with a depressed right ankle jerk. There was tenderness in the C5-7 cervical area, and the injured worker's right biceps was depressed. The injured worker had a chronic C5-6 disc with radiculopathy and a chronic L4-5 disc with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF LUMBOSACRAL BELT FOR BACK AND CERVICAL: 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): 308.

Decision rationale: The ACOEM Guidelines state lumbar supports are not recommended for the treatment of low back disorders. The Guidelines also indicate the lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ACOEM

Guidelines do not recommend a lumbar support for the treatment of low back disorders. Therefore, the purchase of a lumbosacral belt for the back and cervical is not medically necessary and appropriate.

LUMBAR EPIDURAL STEROID INJECTION X1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The MTUS Chronic Pain Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The injured worker should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The MTUS Chronic Pain Guidelines state that radiculopathy must be documented on physical exam and corroborated by imaging studies. There was a lack of corroboration through physical exam and imaging studies in the documentation to support radiculopathy. In addition, there was a lack of conservative treatment in the documentation. Furthermore, the request for the lumbar epidural steroid did not indicate the level for which the epidural steroid injection was to take place. Therefore, the request is not medically necessary and appropriate.