MAXIMUS Federal Services

Case Number:	CM14-0109704		
Date Assigned:	09/16/2014	Date of Injury:	06/06/2009
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 and 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:

Medical records reflect the claimant is a 59 year old female who sustained a work injury on 6-6-09. Office visit on 5-15-14 notes the claimant reports back pain with some radiation to the lower extremities. The claimant has been seeing by a chiropractor and undergoing therapy on a daily basis. The claimant is being treated with medications. On exam, the claimant has decreased range of motion. MRI of the lumbar spine without contrast dated 02/10/14 reveals spondylosis progressive from the previous exam notable for progressive disc narrowing and desiccation at LI-L2. There is a new small central subligamentous extrusion with cephalad migration. There is no significant central stenosis. At L2-L3, there is desiccated narrowed disc with 2mm degenerative retrolisthesis and moderate concentric disc bulge. There is minimal facet spurs and mild/moderate bilateral frontal narrowing. At L3-L4, there is moderate concentric disc bulge with a partial full thickness fissure. At L4-L5, there is moderate concentric disc bulge with a broad based dorsal full thickness fissure, mild to moderate right and mild facet spur and moderate bilateral foraminal narrowing. At L5-S1, there is mild concentric disc bulge and trace facet spurs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Boston spine brace (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines

- Treatment in Worker's Compensation - Low Back Procedure Summary last updated 03/31/2014;

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

Decision rationale: ACOEM notes that lumbar supports are Lumbar supports are not recommended for prevention of low back pain. ODG reflects that lumbar supports are not recommended for prevention. There is an absence in documentation noting that this claimant has a lumbar fracture or any circumstances to support the request for a lumbar brace. Therefore, the medical necessity of this request is not established.

L5/S1 translaminar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Epidural Steroid Injection.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that epidural steroid injection are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). There is an absence in physical exam findings to support that this claimant has radiculopathy. Neurological findings not provided. Therefore, the request for epidural steroid injection is not established as medically necessary.