

Case Number:	CM14-0010888		
Date Assigned:	02/21/2014	Date of Injury:	10/13/2010
Decision Date:	07/21/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 60-year-old female who has submitted a claim for lumbar sprain with right lower extremity radiculopathy, sacroiliac sprain, and sciatica associated with an industrial injury date of October 13, 2010. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity. Physical examination of the lumbar spine revealed restricted range of motion, tenderness and muscle guarding. Straight leg raise test was documented to be positive at the right, however, there was no report concerning location of radicular pain. Kemp's test was positive. Muscle strength of the right hip flexor, right knee extensor, and right big toe extensor were graded 4/5. Right knee reflex was graded 1+. Sensation was diminished at the right L5 dermatome. Gait was antalgic on the right. Heel-to-toe walk exacerbate pain on the right. Magnetic Resonance Imaging (MRI) of the lumbar spine, dated April 17, 2013, showed that at L4 to L5, there is a 4-mm right foramina and disk protrusion with abutment of the exiting right L4 nerve root and moderate narrowing of the right neural foramina. There was also a 3-mm right paracentral disk protrusion with abutment of the descending right L5 nerve root. The result of MRI was cited from a report dated 12/3/2013; the official result was not made available for review. Treatment to date has included physical therapy, chiropractic care, home exercise program, and medications such as Prilosec, and Norco. Utilization review from January 14, 2014 modified the request for right L4 to L5, L5 to S1 transforaminal epidural steroid injection - two (2) into one session of ESI to assess initial outcomes; and denied the request for purchase of lumbosacral brace because of no lasting benefit beyond the acute phase of symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5, L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) - TWO (2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, epidural steroid injection is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief. In this case, patient complained of persistent low back pain radiating to the right lower extremity despite physical therapy, chiropractic care, and intake of medications. Physical examination was highly suggestive of a focal neurologic deficit manifested as right lower extremity weakness, hyporeflexia, and dysesthesia. This was further corroborated by MRI findings of moderate narrowing of the right neural foramina at right L4 level, and abutment of the descending right L5 nerve root. The medical necessity for epidural steroid injection has been established. However, the present request as submitted is for two sessions of ESI. The guideline clearly indicates that a repeat block should only be based on the functional outcomes of previous ESI. Therefore, the request for right L4-5, L5-S1 transforaminal epidural steroid injection (ESI) - two (2) is not medically necessary.

PURCHASE OF LUMBOSACRAL ORTHOTIC (LSO) BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298.

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

Decision rationale: As stated on California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, patient complained of persistent low back pain associated with an industrial injury date of October 2010. However, the request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. The records do not indicate that patient has a recent exacerbation of back pain. Guideline criteria were not met. Therefore, the request for purchase of lumbosacral orthotic (LSO) brace is not medically necessary.

