

Case Number:	CM14-0135477		
Date Assigned:	08/29/2014	Date of Injury:	08/03/2011
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 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:

The patient is a 65-year old male who was injured on 08/03/2011. The mechanism of injury is unknown. X-ray of the lumbar spine dated 02/06/2014 revealed minor disc space narrowing on L3-L5. MRI 1/28/13 showed L3-4 and L4-5 posterior disc protrusion that does not impinge. Mildly accentuated midline posterior annular convexity at L5-S1 does not impinge. EMG/NCV 2/27/12 showed normal lumbar and lower extremities. Ortho note dated 07/24/2014 documented the patient to have complaints of low back pain radiating down the bilateral lower extremities to the bottom of the feet, rated as 6/10. He presented with an LSO brace. On exam, there is no evidence of weakness walking on the toes or the heels. There is palpable tenderness of the paravertebral muscle. Straight leg raise is positive on the right lower extremity in the L5 dermatome. 4+/5 motor in right ankle dorsiflexion and right EHL. Sensation intact. The patient is diagnosed with L3-4 and L4-5 disc degeneration and right lumbar radiculopathy. The patient was recommended for right L4-5 transforaminal epidural injection to help improve right leg radiculopathy and replacement LSO brace as the patient's brace no longer fits appropriately and the Velcro has broken down. Prior utilization review dated 08/14/2014 by [REDACTED] states the request for Right L4-L5 transforaminal epidural injection is denied as medical necessity has not been established; and Replacement LSO back brace is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the CA MTUS, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). The first criterion for nerve block is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The MRI of the lumbar spine did not show evidence of nerve impingement. EMG/NCV show normal lumbar and lower extremities. Right L4-L5 transforaminal epidural injection is not medically necessary.

Replacement LSO back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Lumbar Support Page(s): 297-298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, lumbar supports

Decision rationale: Guideline does not recommend Lumbar support beyond the acute phase of symptom relief. The medical records document the injury occurred in 2011 and the brace is still being requested now in 2014. Medical record does not document new or acute injury to the Lumbar Spine. Other guidelines indicate this may be recommended as an option for compression fracture, spondylolisthesis, instability, and non-specific LBP. The medical records do not demonstrate these diagnoses or that the brace provided functional improvement. Therefore, the request for Replacement LSO back brace is not medically necessary.