

<b>Case Number:</b>	CM14-0176454		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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, has a subspecialty in Interventional Spine, 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 45 year old female with an injury date of 08/28/03. Based on the 08/20/14 progress report provided by [REDACTED] the patient complains of low back pain radiating from base of lumbar spine to right gluteal area down right lower extremity. Patient ambulates with an antalgic gait. Physical examination to the lumbar spine revealed tenderness to palpation over the sacrum, right L5 transverse process, right sciatic notch and right proximal gluteal region. Range of motion was painful and limited in all planes. Decreased sensory with pin noted over the right L5 dermatome distribution. Patient medications include Ibuprofen, Treimet, Caltrate, Loratadine, Treximet, D3 and Centrum Silver. Patient had her last epidural injection on 07/18/13. Treater is requesting "repeating a right L5-S1 TFESI (transforaminal epidural steroid injection) for inflammatory relief due to the outstanding benefit expressed by the patient at greater than 80% for up to six months and well over one year for greater than 50% overall pain relief. The injection also allowed the patient to maintain full time employment, currently gainfully employed and able to walk for exercise at a much higher level." Treater states in progress report 08/20/14 that "the patient has been issued a lumbar brace for support due to instability with any sustained flexion or activity requiring bending and overhead reaching." "Diagnosis 08/20/14- chronic multifactorial lower back pain with a right lumbar radiculopathy on an industrial basis, progressively deteriorating over the past several weeks MRI of the lumbar spine 08/15/12- grade II lytic spondylosisthesis of L5 on S1- complete height loss and desiccation of L5-S1 disc- fibrovascular changes at L5-S1 The utilization review determination being challenged is dated 09/24/14. The rationale follows: 1) Repeat right L5-S1 TESI: "lack of evidence of sustained relief with past steroid injections..." 2) Lumbar brace: "no

guideline support." [REDACTED] is the requesting provider and he provided treatment reports from 01/22/14 - 10/13/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat right L5-S1 TFESI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with low back pain radiating from base of lumbar spine to right gluteal area down right lower extremity. The request is for repeat right L5-S1 TESI. The patient's diagnosis dated 08/20/14 was chronic multifactorial lower back pain with a right lumbar radiculopathy. Physical examination to the lumbar spine on 08/20/14 revealed tenderness to palpation over the sacrum, right L5 transverse process, right sciatic notch and right proximal gluteal region. Range of motion was painful and limited in all planes. Decreased sensory with pin is noted over the right L5 dermatome distribution. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." UR letter dated 09/24/14 states "lack of evidence of sustained relief with past steroid injections." Per progress report dated 08/20/14, treater is requesting "repeating a right L5-S1 TFESI for inflammatory relief due to the outstanding benefit expressed by the patient at greater than 80% for up to six months and well over one year for greater than 50% overall pain relief. The injection also allowed the patient to maintain full time employment, currently gainfully employed and able to walk for exercise at a much higher level." Treater has described radicular symptoms and supported with physical examination findings. The patient unfortunately has return of the symptoms. MTUS allows up to 4 blocks per year and the request appears reasonable. Therefore, this request is medically necessary.

**Lumbar Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Spine Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Lumbar supports

**Decision rationale:** The patient presents with low back pain radiating from base of lumbar spine to right gluteal area down right lower extremity. The request is for lumbar brace. The patient's diagnosis dated 08/20/14 was chronic multifactorial lower back pain with a right lumbar radiculopathy. Treater states in progress report 08/20/14 that "the patient has been issued a lumbar brace for support due to instability with any sustained flexion or activity requiring bending and overhead reaching." ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Given the lack of ACOEM and ODG Guidelines support for the use of lumbar bracing, the request is considered not medically necessary.