

Case Number:	CM14-0025177		
Date Assigned:	06/11/2014	Date of Injury:	09/27/2004
Decision Date:	08/01/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of several work-related injuries beginning in 1998. This request is related to an injury occurring on 09/27/04 when she developed mid and low back pulling sensations with radiation into the left leg while lifting boxes while working as a Machine Operator/Packer. She underwent numerous treatments including physical therapy, medications, TENS, and a sacroiliac joint injection. An MRI of the lumbar spine on 10/19/12 included findings of multilevel disc protrusions and facet hypertrophy with a left lateralized disc protrusion at L2-3 and foraminal encroachment bilaterally at L5-S1. On 12/20/13 she underwent left L4-5 and L5-S1 transforaminal epidural steroid injections with x-ray guidance and the use of contrast. She was seen in follow-up on 12/27/13. She had pain rated at 9/10 and was having difficulty standing. There had been a decrease in low back symptoms since the injection. Medications were decreasing pain from 9/10 down to 7/10. She had lumbar paraspinal muscle tenderness with spasm and guarding and increased low back pain with straight leg raising. There was decreased spinal range of motion. She was seen in follow-up by the requesting provider on 01/15/14. She was having back pain which had decreased but was rated at 8/10. She had left lower extremity weakness. Pain was radiating into her hip and knee. After the transforaminal epidural injections she had difficulty walking on the second day with a decrease in pain on the third day. There had been a 70% relief of pain lasting for two days and 50% pain relief had continued. She had a decrease in radiating symptoms. She had been able to decrease her use of medications. Physical examination findings included an antalgic gait. There was diffuse lumbar paraspinal tenderness and severe facet tenderness at multiple levels. There was a positive left straight leg raise and decreased left lower extremity strength. There was decreased left lower

extremity sensation at L4 and at L5. A second two level transforaminal epidural steroid injection and lumbar support were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two second left L4-L5 and L5-S1 Transforaminal Epidural Steroid Injections: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is being treated for chronic back and left lower extremity radicular symptoms with imaging showing left lateralized neural compromise and clinical findings of decreased left lower extremity strength and sensation with positive neural tension. There appears to have been confusion regarding the request for a second two level transforaminal epidural injection. The reason for the previous denial appears to have been related to misinterpreting the request as for an additional two injections where only a second, repeat two level transforaminal epidural steroid injection was being requested. Based on the information provided, after the first injection there had been an ongoing greater than 50% decrease in pain with reported decrease in use of pain medications when reassessed. MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. 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. In this case, the claimant was assessed only 4 weeks after the first injection. Therefore, the request for two second left L4-L5 and L5-S1 transforaminal epidural steroid injections is not medically necessary and appropriate.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant is being treated for chronic back pain and left lower extremity radicular symptoms. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal

muscles and a potential worsening of the spinal condition. Therefore, the request for a LSO brace is not medically necessary and appropriate.