

<b>Case Number:</b>	CM14-0030279		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Illinois. 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 injured worker is a 47-year-old male who reported a fall on 09/21/2012. In the clinical note dated 01/29/2014, the injured worker complained of sharp back pain. The injured worker described the pain as radiating to the bilateral legs, with numbness and tingling to his toes. The injured worker rated his pain at an 8/10. Previous treatments included an MRI, physical therapy, chiropractic treatment, medication, and home exercise programs. The injured worker's prescribed medications included Flexeril, Motrin, and Vicodin. It was noted within the clinical notes, an unofficial MRI of the lumbar spine revealed nerve root compression, but also posterior annular tears in the vertebral discs of both L4-5 and L5-S1. The physical examination for the lumbar spine revealed diffuse tenderness to palpation over the paravertebral musculature, moderate facet tenderness to palpation noted over the L4-S1 levels, and a positive Kemp's test bilaterally. It was also noted that the injured worker's gait was wide based with mild antalgia on the left. The sensory exam noted decreased sensation bilaterally to L4 and L5 dermatomes to pain, temperature, light touch, vibration, and 2-point discrimination. Lower extremity muscle testing revealed the big toe extensors (L5) to be 4/5 bilaterally. The lower extremity reflexes for the left knee and ankle were noted as 1+ bilaterally. The diagnoses included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The treatment plan included a request for bilateral L4-5 and L5-S1 transforaminal epidural steroid injections, x2. The treatment plan also included a continuation of the injured worker's prescribed medication regimen, a request for a lumbosacral orthosis/brace (LSO) for home use, and a urine toxicology screening. The Request for Authorization for bilateral L4-5 and L5-S1 transforaminal epidural steroid injections x2; lumbosacral orthosis/brace (LSO); and urine toxicology screening was submitted on 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbosacral Orthosis /Brace (LSO): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298.

**Decision rationale:** The request for lumbosacral orthosis/brace (LSO) is non-certified. The CA MTUS/ACOEM guidelines state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort. In the clinical notes provided for review, there is a lack of documentation of the injured worker's instability within the physical examination to warrant the use of a lumbosacral orthosis/brace. It is only documented that the injured worker had a wide based gait with mild antalgia on the left. Furthermore, the guidelines state that there is no evidence for the effectiveness of lumbar supports beyond the acute phase of symptom relief. Therefore, the request for lumbosacral orthosis/brace (LSO) is non-certified.

**Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injections #2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The request for bilateral L4-5 and L5-S1 transforaminal epidural steroid injections #2 is non-certified. The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery; but this treatment alone offers no significant long-term functional benefit. The criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; if used, no more than 2 nerve root levels should be injected using transforaminal blocks; and no more than 1 interlaminar level should be injected at one session. The guidelines also state that epidural steroid injections can offer short-term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. In the clinical notes provided for review, it is annotated that the injured worker has failed conservative therapies to include physical therapy, chiropractic therapy,

medications, rest, and a home exercise program. However, there is a lack of evidence of the progress notes of the physical therapy, chiropractic sessions, or efficacy of medications used. Furthermore, there is also a lack of documentation of the injured worker indicating the lack of efficacy of a home exercise program. Therefore, the request for bilateral L4-5 and L5-S1 transforaminal epidural steroid injections #2 is non-certified.