

<b>Case Number:</b>	CM14-0033738		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/19/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 66-year-old female with date of injury of 07/19/2008. The listed diagnoses per the provider dated 02/12/2014 are lumbar disk disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, bilateral greater trochanteric bursitis, status post right knee arthropathy, and left knee internal derangement. According to this report, the patient complains of stabbing pain in the back, radiating to the buttocks down to the bilateral legs with numbness and tingling to her toes. This is worse when standing up. She rates her pain 9/10. The physical exam shows the patient is well-developed, well-nourished in no apparent distress. Her gait is wide-based. The patient performed a heel to toe walk with difficulty secondary to low back pain and weakness. The lumbar spine shows normal lordosis and alignment. There is diffuse tenderness to palpation noted over the paravertebral musculature. There is moderate tenderness to palpation noted over the L4, L5, and S1 levels. Sacroiliac tenderness test, Faber's/Patrick's test, sacroiliac thrust test, Yeoman's test are all positive bilaterally. Kemp's test is positive bilaterally. Seated straight leg raise is positive at 50 degrees on the right and 60 degrees on the left. Supine straight leg raise is positive at 40 degrees on the right and 50 degrees on the left. There is moderate pain in the bilateral greater trochanteric regions. Sensation is decreased in the bilateral L5 and S1 dermatomes. The utilization review denied the request on 03/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 transforaminal epidural steroid injections times two (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,47.

**Decision rationale:** This patient presents with chronic back pain. The treating physician is requesting bilateral L5-S1 transforaminal epidural steroid injection times two. The MTUS Guidelines on epidural steroid injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings in an MRI (magnetic resonance imaging). Furthermore, no more than two nerve root levels should be injected using transforaminal blocks. The MRI of the lumbar spine dated 03/23/2012 showed there is a mild disk bulge and moderate facet disease causing moderate neuroforaminal narrowing on the right and moderate neuroforaminal narrowing on the left at L5-S1. The records do not show any prior epidural steroid injection. In this case, while the patient's examination shows positive straight leg raise bilaterally, the MRI does not show stenosis or nerve root lesion that explains the patient's leg symptoms. Given the lack of a clear diagnosis of radiculopathy, the requested for bilateral L5-S1 transforaminal epidural steroid injections times two (2) is not medically necessary. As such, the recommendation is for denial.

**Lumbosacral orthosis/brace (LSO): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, (2008), Chapter 12), pgs. 138-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports.

**Decision rationale:** This patient presents with chronic back pain. The treating physician is requesting a lumbosacral orthosis/brace. The MTUS/ACOEM Guidelines on lumbar bracing states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, the Official Disability Guidelines (ODG) do not support the use of lumbar supports for prevention, stating that there is strong inconsistent evidence that lumbar supports were effective in preventing neck and back pain. In this case, the ACOEM and the ODG Guidelines do not support the use of lumbar supports for the treatment or prevention of low back pain. As such, the recommendation is for denial.