

Case Number:	CM14-0039436		
Date Assigned:	06/27/2014	Date of Injury:	09/09/2013
Decision Date:	08/14/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/03/2014

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 Pain Management 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:

This case involves a 55 year-old male with a 9/9/2013 date of injury. The Doctors First Report from 9/9/13 states the patient was pouring cement and fell from the third rung of a ladder and injured his back and right side near the hip. The 10/1/13 occupational medicine report from [REDACTED] notes positive Waddells signs. The patient is returned to work with modifications. A lumbar MRI is performed on 10/17/13 and shows 3-4mm protrusions at L2/3, L3/4 and L4/5, with mild central stenosis at L2/3 and L3/4 and moderate central stenosis at L4/5. The MRI report does not mention neural foraminal narrowing or nerve root involvement. [REDACTED] refers out to an orthopedist. The orthopedist takes the patient off work completely. According to the 3/14/14 orthopedic report from [REDACTED], the patient presents with low back pain that radiates to the legs and neck pain that radiates to the arms. The diagnoses includes herniated lumbar disc with radiculitis left greater than right; cervical strain/sprain, cervical disc with radiculitis; s/p right shoulder arthroscopy, work-related 4-5 years ago for recovery; s/p left shoulder arthroscopy work-related 3-4 years ago and for recovery. [REDACTED] recommends lumbar epidural injection with facet branch blocks L2/3, L3/4 and L4/5. Around 3/29/14, UR provided several denial letters denying PT x14; lumbar ESI L4/5; lumbar ESI L3/4; TENS unit; and an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Sacral Orthosis (LSO) 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; 308.

Decision rationale: This IMR pertains to a request for a lumbosacral orthosis brace. According to the 3/14/14 orthopedic report from [REDACTED], the patient presents with low back pain that radiates to the legs and neck pain that radiates to the arms. The records show that prior to seeing [REDACTED], the patient was allowed to work modified duty, and that [REDACTED] took the patient off work completely. MTUS/ACOEM guidelines state: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief It is 6-months out from the injury and the patient is not in the acute phase of the injury. ACOEM does have some support for use of lumbar supports in the occupational setting for prevention, but the orthopedist took the patient off work. The request for a lumbosacral support orthosis outside the acute phase for a patient that is not working, is not in accordance with the MTUS/ACOEM guidelines. Therefore, the request for Lumbar Sacral Orthosis (LSO) Brace is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pages 114-121 Transcutaneous Electrotherapy

Decision rationale: This IMR pertains to a request for a TENS unit. According to the 3/14/14 orthopedic report from [REDACTED], the patient presents with low back pain that radiates to the legs and neck pain that radiates to the arms. The MTUS guidelines for TENS states there should be some assessment of a one-month trial of TENS. The guidelines state that other appropriate pain modalities have been tried and failed including medications. Review of the available records does not provide discussion of TENS use or of a trial or discuss failure of medications. The request for a TENS unit without documentation of a trial is not in accordance with MTUS guidelines. Therefore, the request for TENS is not medically necessary.

Lumbar epidural steroid injections L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, page 46 of 127: Epidural steroid injections (ESIs).

Decision rationale: This IMR is for a lumbar ESI at L4/5. According to the 3/14/14 orthopedic report from [REDACTED], the patient presents with low back pain that radiates to the legs and neck pain that radiates to the arms. The diagnoses includes herniated lumbar disc with radiculitis left greater than right; cervical strain/sprain, cervical disc with radiculitis; s/p right shoulder arthroscopy, work-related 4-5 years ago for recovery; s/p left shoulder arthroscopy work-related 3-4 years ago and for recovery. [REDACTED] recommends lumbar epidural injection with facet branch blocks L2/3, L3/4 and L4/5. MTUS guidelines for epidural injections states these are an option for radicular pain which is defined as pain in dermatomal distribution with corroborative

findings of radiculopathy The first criteria for an ESI states: radiculopathy must be documented by physical exam and corroborated with imaging or electrodiagnostic studies. In this case, the reporting does not document pain in any dermatomal distribution. The MRI does not show foraminal narrowing or nerve root involvement that would corroborate any exam findings for radiculopathy. There are no electrodiagnostic studies provided. The request for epidural injections at 3-levels with facet injections at 3-levels, including the L4/5 level is not in accordance with MTUS guidelines. Therefore, the request for Lumbar Epidural Steroid Injections L4-5 is not medically necessary.

Physical therapy times 14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 98-9 of 127 : Physical Medicine.

Decision rationale: The IMR request is for Physical Therapy 14 Sessions. The records show the patient had 22 sessions of PT previously. According to the 3/14/14 orthopedic report from [REDACTED], the patient presents with low back pain that radiates to the legs and neck pain that radiates to the arms. MTUS guidelines allow for 8-10 sessions of Physical Therapy for various myalgias and neuralgias. The patient has completed 22 sessions of Physical Therapy, and the request presented to Independent Medical Review (IMR) is for 14 sessions. The request exceeds the total number recommended under the MTUS guidelines. Therefore, the request for 14 Sessions of Physical Therapy is not medically necessary.

Lumbar epidural steroid injections L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, page 46 of 127: Epidural steroid injections (ESIs).

Decision rationale: This IMR is for a lumbar ESI at L3/4. According to the 3/14/14 orthopedic report from [REDACTED], the patient presents with low back pain that radiates to the legs and neck pain that radiates to the arms. The diagnoses includes herniated lumbar disc with radiculitis left greater than right; cervical strain/sprain, cervical disc with radiculitis; s/p right shoulder arthroscopy, work-related 4-5 years ago for recovery; s/p left shoulder arthroscopy work-related 3-4 years ago and for recovery. [REDACTED] recommends lumbar epidural injection with facet branch blocks L2/3, L3/4 and L4/5. MTUS guidelines for epidural injections states these are an option for radicular pain which is defined as pain in dermatomal distribution with corroborative findings of radiculopathy The first criteria for an ESI states: radiculopathy must be documented by physical exam and corroborated with imaging or electrodiagnostic studies. In this case, the reporting does not document pain in any dermatomal distribution. The MRI does not show foraminal narrowing or nerve root involvement that would corroborate any exam findings for radiculopathy. There are no electrodiagnostic studies provided. The request for epidural injections at 3-levels with facet injections at 3-levels, including the L3/4 level is not in accordance with MTUS guidelines. Therefore, the request for Lumbar Epidural Steroid Injections L3-4 is not medically necessary.