

Case Number:	CM15-0103310		
Date Assigned:	06/05/2015	Date of Injury:	11/13/2002
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 11/13/2002. Diagnoses have included lumbar displaced intervertebral disc/herniated nucleus pulposus (HNP) and lumbar radiculopathy. Treatment to date has included medication, chiropractic treatment and lumbar epidural steroid injection. According to the progress report dated 4/27/2015, the injured worker complained of an increase in her lower back pain, right leg pain and weakness. Current medications included Duexis, Lyrica and Percocet. She was working full time with modifications. Physical exam revealed that straight leg raise in the sitting position on the right at 80 degrees caused an increase in lower back and right thigh pain. It was noted that the injured worker had previously undergone lumbar epidural steroid injection with at least 50% relief of pain and radicular symptoms for three months. Authorization was requested for bilateral transforaminal epidural steroid injection, purchase of full size Intellibed with adjustable base and bilateral shoe inserts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. The MTUS criteria for use of an ESI is as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the records indicate that the patient has received a prior ESI; however, there is no documentation in the medical records in the immediate post-procedure timeframe that provides evidence of at least 50% pain relief with associated reduction of medication use for six to eight weeks. Without evidence of a reduction in the use of medication from the prior ESI, there is inadequate evidence for the efficacy of this intervention. For this reason, a bilateral L4 transforaminal epidural steroid injection is not medically necessary.

Purchase of Full size Intellibed with adjustable base: 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), Low Back Chapter, Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Mattress Selection.

Decision rationale: The Official Disability Guidelines comment on the use of a special mattress or bed for the treatment of low back pain. A special mattress or bed is not recommended. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more

likely to turn around in the bed during the night because of pressures on protruding body parts. Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, there is no evidence that the patient has a spinal cord injury or any other condition noted above that requires treatment with special support surfaces designed to redistribute pressure. For these reasons, purchase of a full size IntelliBed with an adjustable base is not medically necessary.

Bilateral Shoe Inserts: 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), Low Back Chapter, Shoe insoles/shoe lifts; Foot/ankle chapter, Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Walking Aids (Canes, Crutches, Orthosis).

Decision rationale: The MTUS and Official Disability Guidelines are silent on the use of shoe inserts (orthosis) for the treatment of low back pain. The Official Disability Guidelines do comment on the accepted use of a shoe insert. For patients with knee problems a shoe orthotic is recommended, as indicated below. A laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. In this case, there is no evidence that the patient has a condition, such as described above, involving the knee, in which a shoe insert is recommended. There is no medical rationale provided in the records to justify the need for bilateral shoe inserts. For this reason, bilateral shoe inserts are not medically necessary.