

Case Number:	CM15-0103521		
Date Assigned:	06/08/2015	Date of Injury:	11/04/2000
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
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: Physical Medicine & Rehabilitation

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 is a 52 year old female with a November 4, 2000 date of injury. A progress note dated April 29, 2015 documents subjective findings (ongoing lower back pain with shooting pain down the back of the legs and calves to the bottom of both feet; pain rated at a level of 7/10), objective findings (positive straight leg raise on both sides), and current diagnoses (lumbago; chronic pain syndrome; pain in the thoracic spine; other pain disorder related to psychological factors). Treatments to date have included medications, right shoulder surgery, lumbar spine surgery, epidurals, and exercise. The treating physician documented a plan of care that included a Spinal Q brace, and bilateral transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q 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, Treatment in Workers' Compensation, Intelliskin posture garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.posturebraceguide.com/product-review-of-the-alignmed-posture-shirt, Official disability guidelines, Low back Chapter, IntelliSkin posture garments.

Decision rationale: This patient presents with ongoing lower back pain. The current request is for a Spinal Q Brace. The Request for Authorization is dated 05/11/15. Treatments to date have included medications, right shoulder surgery, lumbar spine surgery, epidurals, and exercise. The patient is not working. According to www.posturebraceguide.com/product-review-of-the-alignmed-posture-shirt, "The posture shirt is created from material (77% polyester, 23% spandex) and provides the added benefit of posture assistant by incorporating a patented posture correcting system into the shirt while making them 4-inch longer than a standard compression shirt." The ACOEM and MTUS Guidelines do not discuss posture shirts. ODG Guidelines, Lumbar Chapter under IntelliSkin posture garments (which are similar to the spinal Q posture shirt) states: "Not recommended as a treatment for back pain. IntelliSkin posture garments conform to the back and shoulder as a second skin, intended to gradually reshape these areas for improved posture, athletic performance, and less back pain, according to marketing materials. There are no quality published studies to support these claims." This patient is status post L4-5 laminectomy and discectomy from 2001. According to progress report 04/29/15, the patient complains of ongoing lower back pain with shooting pain down the back of the legs and calves to the bottom of both feet, rated as 7/10. Objective findings revealed positive straight leg raise on both sides. MRI of the lumbar spine from 04/27/14 revealed post surgical changes at L5-S1 associated with flattening of the traversing left S1 nerve root. There is mild to moderate narrowing of the central and foraminal canals at L3-4. The treater recommended a Spinal Q brace and a bilateral L5 ESI. In this case, posture garments are currently not supported by any medical guidelines. ODG Guidelines specifically do not support IntelliSkin posture garments for the lumbar spine, as no high quality studies have supported the manufacturer's claims. The current request IS NOT medically necessary.

Bilateral L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with ongoing lower back pain. The current request is for a Bilateral L5 Transforaminal Epidural Steroid Injection. The Request for Authorization is dated 05/11/15. Treatments to date have included medications, right shoulder surgery, lumbar spine surgery, epidurals, and exercise. The patient is not working. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient is status post L4-5 laminectomy and discectomy from 2001. According to progress report 04/29/15, the patient complains of ongoing

lower back pain with shooting pain down the back of the legs and calves to the bottom of both feet, rated as 7/10. Objective findings revealed positive straight leg raise on both sides. MRI of the lumbar spine from 04/27/14 revealed post surgical changes at L5-S1 associated with flattening of the traversing left S1 nerve root. There is mild to moderate narrowing of the central and foraminal canals at L3-4. The treater recommended a Bilateral L5 Transforaminal Epidural Steroid Injection. The patient presents with some radiating symptoms; however, the patient's subjective complaints of pain do not appear to correlate with the imaging study. The MRI does not show significant stenosis or HNP with a potential nerve root lesion that explains the patient's radicular symptoms. Furthermore, ODG does not support post-op ESI's. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request IS NOT medically necessary.