

Case Number:	CM15-0191628		
Date Assigned:	10/05/2015	Date of Injury:	07/14/2008
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female with a date of injury of July 14, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet syndrome, lumbar spondylosis, and lower back pain. Medical records dated July 1, 2015 indicate that the injured worker complained of lower back pain rated at level of 3 out of 10 and 5 out of 10 without medications. A progress note dated August 26, 2015 documented complaints similar to those reported on July 1, 2015. Per the treating physician (August 26, 2015), the employee was retired. The physical exam dated July 1, 2015 reveals restricted range of motion of the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles bilaterally, positive lumbar facet loading, on the right, positive straight leg raising on the left, tenderness of the bilateral buttocks, restricted range of motion of the left shoulder, positive Hawkins test, positive empty cans test, positive Crank's test, tenderness to palpation of the left glenohumeral joint, and decreased sensation to light touch over L4, L5m and S1 dermatomes on the left. The progress note dated August 26, 2015 documented a physical examination that showed no changes since the examination performed on July 1, 2015. Treatment has included medications (Flector patches 1.3%, Neurontin 300mg, Trazodone 50mg, Vicodin 10-300mg, Butalbital-Aspirin-Caffeine 50-325-40mg, and Cymbalta 20mg since at least April of 2015), transforaminal right lumbar epidural steroid injection (April 6, 2015), physical therapy, and transcutaneous electrical nerve stimulator unit. The original utilization review (September 10, 2015) non-certified a request for indefinite use of a Quinn-Sleep-APL lumbar brace, and repeat right and left L5 and S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace - Quinn-Sleep-APL lumbar brace (indefinite use) Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: Per the ODG with regard to lumbar supports: Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). As there is only very low quality evidence supporting the use of back braces for the purpose of treatment, medical necessity cannot be affirmed. The request is not medically necessary.

Repeat right and left L5 and S1 transforaminal epidural steroid injection Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Per progress report dated 9/16/15 it was noted that the injured worker was status post right TFESI L5 & S1 4/6/15 which provided 95% pain relief for 3 months. However, there was no documentation of a reduction in medication usage for this period. Absent such, medical necessity cannot be affirmed. The request is not medically necessary.