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| <b>Case Number:</b>   | CM15-0197835 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 09/20/2012 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 38 year old, female who sustained a work related injury on 9-20-12. A review of the medical records shows she is being treated for low back pain. Treatments have included physical therapy, chiropractic treatments, medications, rest and home exercises. All these conservative treatments have failed in pain relief. Current medications include over-the-counter Motrin, Prilosec and Flexeril. In the Comprehensive Pain Management Consultation Report dated 8-25-15, the injured worker reports low back pain. She reports she has burning down the left leg and at times, numbness radiating into her left foot only when she sits or walks for long periods. She rates her pain level an 8 out of 10. On physical exam dated 8-25-15, she has diffuse tenderness over the lumbar paravertebral muscles. She has moderate facet tenderness noted over the L4-S1 spinous processes. She has positive sacroiliac tenderness, Fabere's-Patrick test, sacroiliac thrust test, Kemp's test and Yeoman's test on the left side. She has positive straight leg raises with left leg. She has decreased lumbar range of motion. Sensation is intact to all dermatomes. The provider's review of the lumbar spine MRI reveals "at L4-5, a 4mm. midline disc protrusion with abutment of the descending L5 nerve roots, bilaterally with mild degree of central canal narrowing. There is a 3mm. left foraminal disc protrusion resulting in abutment of the exiting left L4 nerve root. At L5-S1, there was a posterior annular tear and 1mm. disc herniation resulting in abutment of the descending S1 nerve roots, bilaterally." She is not working. The treatment plan includes a request for authorization of lumbar transforaminal epidural steroid injections x 2, a prescription for Tramadol and for a lumbosacral orthosis (LSO) brace. The Request for Authorization dated 8-25-15 has requests for left L4-5 and L5-S1

transforaminal epidural steroid injections, to start Tramadol, for a urine drug screen and for a LSO brace. In the Utilization Review dated 9-25-15, the requested treatments of left L4-5 and L5-S1 transforaminal epidural steroid injections x 2 and a LSO brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L4-L5 and L5-S1 transforaminal Epidural Steroid Injections #2: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in September 2012 when, while working as a [REDACTED] she slipped on a linoleum floor, falling and landing on her right side. She was seen on 08/25/15. She was having low back pain with burning left lower extremity symptoms and occasional radiating numbness to the left foot with prolonged standing and walking. Physical examination findings included a body mass index of 28. There was an antalgic gait. She had diffuse lumbar paravertebral muscle tenderness and moderate lumbar facet tenderness. There was positive left sacroiliac joint tenderness and Fabere/Patrick's testing was positive. Kemp's and Farfan tests were positive bilaterally. There was decreased lumbar range of motion. Left straight leg raising was positive. There was a normal lower extremity neurological examination with normal strength, sensation, and reflexes. An MRI of the lumbar spine was reviewed showing findings of a left lateralized foraminal disc protrusion at L4/5 and an annular tear at L5/S1 with disc herniations abutting the S1 nerve roots bilaterally. Authorization was requested for a two level transforaminal epidural injection times two. A lumbar orthosis was recommended. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The requested epidural steroid injection is not medically necessary.

#### **LSO brace for home use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

**Decision rationale:** The claimant sustained a work injury in September 2012 when, while working as a [REDACTED] she slipped on a linoleum floor, falling and landing on her right side. She was seen on 08/25/15. She was having low back pain with burning left lower extremity symptoms and occasional radiating numbness to the left foot with prolonged standing and walking. Physical examination findings included a body mass index of 28. There was an antalgic gait. She had diffuse lumbar paravertebral muscle tenderness and moderate lumbar facet tenderness. There was positive left sacroiliac joint tenderness and Fabere/Patrick's testing was positive. Kemp's and Farfan tests were positive bilaterally. There was decreased lumbar range of motion. Left straight leg raising was positive. There was a normal lower extremity neurological examination with normal strength, sensation, and reflexes. An MRI of the lumbar spine was reviewed showing findings of a left lateralized foraminal disc protrusion at L4/5 and an annular tear at L5/S1 with disc herniations abutting the S1 nerve roots bilaterally. Authorization was requested for a two level transforaminal epidural injection times two. A lumbar orthosis was recommended. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.