

Case Number:	CM15-0199464		
Date Assigned:	10/14/2015	Date of Injury:	04/03/2000
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, 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 70 year old female, who sustained an industrial injury on April 3, 2000, incurring right knee and low back injuries. She was diagnosed with lumbar degenerative disc disease, multilevel lumbar disc herniations, spinal stenosis, right knee internal derangement and an ACL tear, carpal tunnel syndrome and osteoarthritis. Treatment included pain medications, anti-inflammatory drugs, aquatic therapy and epidural steroid injection. The injured worker had improvement of range of motion and decreased back pain with epidural steroid injection and six visits of aquatic visits. Currently, the injured worker complained of increased lower back, left gluteal and left hip pain. She underwent trigger point injections with temporary improvements. She complained of persistent severe back pain with tenderness and painful range of motion. The treatment plan that was requested for authorization included a lumbar spine brace and support, a repeat interlaminar epidural injection for the lumbar spine and acupuncture for the lumbar spine. The patient has had MRI of the lumbar spine on 6/4/12 and on 8/10/15 that revealed disc protrusions, and foraminal narrowing. The patient's surgical history include right knee arthroscopy in 2005. Patient had received two lumbar ESI for this injury. The medication list includes Gabapentin, Naproxyn and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace/support: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Lumbar supports.

Decision rationale: Lumbar spine brace/support. Per the ACOEM guidelines cited, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In addition per the ODG cited regarding lumbar supports/brace 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). Under study for post-operative use; see Back brace, post operative (fusion). She was diagnosed with lumbar degenerative disc disease, multilevel lumbar disc herniations, and spinal stenosis. Currently, the injured worker complained of increased lower back, left gluteal and left hip pain. She complained of persistent severe back pain with tenderness and painful range of motion. The patient has had MRI of the lumbar spine on 6/4/12 and on 8/10/15 that revealed disc protrusions, and foraminal narrowing. The patient has had a trial of conservative therapy and oral medications. The patient has had significant objective findings and history of persistent severe back pain and disc protrusions, and foraminal narrowing on MRI. The patient has had clinical situations which are prone to exacerbations of pain. Per the cited guidelines, a back brace is a reasonable option for nonspecific back pain. The request for Lumbar spine brace/support is medically necessary and appropriate for this patient at this time.

Repeat-Interlaminar epidural injection L4-L5 lumbar spine: 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: Repeat-Interlaminar epidural injection L4-L5 lumbar spine. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, the purpose of ESI is 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 functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 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). Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The detailed conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction

with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received two lumbar ESIs for this injury. Per the cited guidelines, 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. Evidence of objective documented pain and functional improvement, including at least 50% pain relief that lasted for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the medical necessity of request for Repeat- Interlaminar epidural injection L4-L5 lumbar spine is not fully established for this patient.

Acupuncture for the lumbar spine (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture for the lumbar spine (quantity unknown). Per the CA MTUS Acupuncture medical treatment guidelines cited below state that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided did not specify a plan to reduce pain medications, or intolerance to pain medications that patient is taking currently. The patient has received an unspecified number of aquatic visits for this injury. A detailed response to prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. The prior conservative therapy visit notes were not specified in the records provided. Evidence of diminished effectiveness of the oral medications was not specified in the records provided. The medical necessity of the request for Acupuncture for the lumbar spine (quantity unknown) is not fully established for this patient.

