

Case Number:	CM15-0209719		
Date Assigned:	10/28/2015	Date of Injury:	04/11/2009
Decision Date:	12/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/26/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 11, 2009. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection, a pain management referral, and a lumbar spine brace. The claims administrator referenced a September 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg. Electrodiagnostic testing was performed and apparently consistent with a chronic right S1 radiculopathy. On April 2, 2015, the applicant reported multifocal complaints of neck and low back pain, reportedly debilitating, the treating provider reported. Flexeril was endorsed. The attending provider issued work restrictions which, it was suggested, the applicant's employer was unable to accommodate. On September 3, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg with hyposensorium about the right S1 distribution. The attending provider suggested a pain management referral and pursuit of an epidural steroid injection at L4-L5. The attending provider noted that the claimant had electrodiagnostic testing suggestive of a right-sided S1 radiculopathy, while an undated MRI imaging of the lumbar spine was notable for an L4-L5 disk herniation with associated neural foraminal stenosis. The attending provider contended that the applicant had failed physical therapy and acupuncture. A lumbar spine support brace was also sought. There was no mention of whether the applicant had or had not received a prior epidural steroid injection. On August 12, 2015, a TENS unit was endorsed. The remainder of the file was surveyed. There was no explicit mention of the applicant's having had a prior lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) L4-L5 epidural injection: Overturned

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: Yes, the proposed lumbar epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the attending provider's September 3, 2015 office visit was notable for commentary to the effect that the applicant had an L4-L5 disk herniation with associated neural foraminal stenosis. It did appear, thus, that there was at least [partial] radiographic corroboration of radiculopathy at the level in question, L4-L5. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, moreover, supports up to 2 diagnostic blocks. Here, there was no concrete evidence on file to support the proposition that the applicant had received prior lumbar epidural steroid injection. Moving forward with the request in question was, thus, indicated, given the reported failure of conservative treatments to include time, medications, physical therapy, and acupuncture. Therefore, the request is medically necessary.

One (1) pain management evaluation & treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-Operative), 4/27/2001, pg 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for a pain management evaluation and treatment (AKA referral) was likewise medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant's seeming failure to return to work and continued lumbar radicular pain complaints suggested that the applicant had, in fact, failed to respond favorably to earlier conservative treatment with time, medications, physical therapy, acupuncture, etc. Obtaining a pain management referral, thus, was indicated on several levels, including, potentially, for disability management and/or medication management purposes. Therefore, the request is medically necessary.

One (1) lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The request for one lumbar spine brace (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, September 3, 2015, following an industrial injury of April 11, 2009. Introduction, selection, and/or ongoing usage of a lumbar support brace was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request is not medically necessary.