MAXIMUS Federal Services

Case Number:	CM15-0083449		
Date Assigned:	05/05/2015	Date of Injury:	09/14/2009
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 55 year old male, who sustained an industrial injury on 11/1/2013. He reported low back and left knee pain. The injured worker was diagnosed as having lumbar discogenic disease with severe radiculopathy bilaterally, history of prior lumbar fusion at L5-S1, and probable breakdown above fusion, and bilateral knee internal derangement. Treatment to date has included medications, electro diagnostic studies (8/19/2014) revealed L5 radiculopathy of legs, magnetic resonance imaging of the lumbar spine (12/26/2013), water therapy, magnetic resonance imaging of the lumbar spine (1/17/2015) revealed stable fusion of L4-5, and stable disc pathology. The electro diagnostic study report is not available for this review. The request is for lumbar epidural steroid injection at bilateral L3-5, and the purchase of a lumbar brace. On 10/9/2014, 2/11/2015, and 3/24/2015, he complained of unbearable severe low back pain and left knee pain. He is reported to have difficulty standing up, has a positive straight leg raise test bilaterally. The treatment plan included: lumbar epidural steroid injection, continue TENS unit, continue creams, Viagra, Norco, and lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L3-5 Bilateral x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. ESIs are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. In this case, there is insufficient documentation in support of the diagnosis of a radiculopathy as the source of this patient's pain. Specifically, there is insufficient documentation in the patient's physical examination that the pain is consistent with a radiculopathy and in correlating the physical examination findings with the results of the imaging study. Further, the records indicate that the patient has had prior ESIs. It is not documented when this was done, how many injections were provided and the methods used to assess objective functional outcomes from prior treatments. Under these conditions, a lumbar ESI at L3-5 X 2 is not considered as medically necessary.

Purchase of lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back/Acute and Chronic Section: Back Brace/Lumbar Supports.

Decision rationale: The Official Disability Guidelines comment on the use of Back Braces/Lumbar Supports in the treatment of low back pain. The guidelines state that these devices are not recommended for prevention. They may be recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. 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. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain.

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). In this case, there is insufficient documentation to indicate the rationale for the use of a lumbar brace; whether it is intended for prevention or for treatment. As noted above, the Official Disability Guidelines do not recommend the use of a back brace for prevention. The records do not provide evidence that this patient has a compression fracture, spondylolisthesis or documented instability. As noted the use of a back brace for nonspecific low back pain is based on very low-quality evidence to justify purchase of this device. In summary, there is insufficient evidence to recommend the use of a lumbar brace for this patient. This device is not considered as medically necessary.