

Case Number:	CM15-0235541		
Date Assigned:	12/11/2015	Date of Injury:	10/29/2014
Decision Date:	01/22/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female, who sustained an industrial injury on October 29, 2014. The injured worker was diagnosed as having cervical sprain and degenerative disc disease of the lumbar spine at lumbar 5 to sacral 1 with increasing symptoms. Treatment and diagnostic studies to date has included status post right sacroiliac injection performed on August 05, 2015, medication regimen, electromyogram with nerve conduction study of the lower extremities, and lumbar spine study (type unknown). In a progress note dated October 12, 2015 the treating physician reports an increase in symptoms to the low back due to use of the stairs at the work place along with noting that "excessive walking causes pain in the lower back" and "also repetitive bending will increase symptoms". Examination performed on October 12, 2015 was revealing for decreased range of motion to the lumbosacral spine, tenderness and guarding to the lumbosacral muscles, tenderness to the right sciatic notch, and positive flip testing and testing on the right. The progress note from October 12, 2015 did not include the injured worker's pain level as rated on a visual analog scale. The treating physician noted prior sacroiliac joint injection that "has not given her any prolonged relief". The progress note from July 30, 2015 noted electromyogram with nerve conduction study to the lower extremities performed on February 18, 2015 that was revealing for lumbar radiculopathy. The progress note also included lumbar spine study (type unknown) performed on November 04, 2014 that was revealing for lumbar 3 to 4 "mild" diffuse disc bulging with minimal central and bilateral neural foraminal narrowing; lumbar 4 to 5 "mild" disc desiccation, posterior disc bulge with "mild" central and bilateral neural foraminal stenosis; and lumbar 5 to sacral 1 disc desiccation and disc space

narrowing with degenerative changes and "mild" diffuse disc bulging causing "mild" central and bilateral neural foraminal stenosis. On October 12, 2015, the treating physician requested pain management evaluation for lumbar epidural steroid injection and requested a lumbosacral support, but did not indicate the specific reasons for the requested equipment. On November 13, 2015, the Utilization Review denied the requests for a lumbar support and pain management evaluation for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter, Lumbar supports.

Decision rationale: The records indicate the patient has chronic complaints of low back pain. The current request for consideration is a lumbar support. The progress report dated 10/12/15, page (8b), states, "we are also recommending that she obtain a lumbosacral support and be seen by pain management for possible lumbar epidural." The ODG has this to say regarding lumbar supports: 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, the records indicate the patient has degenerative disc disease in the lumbar spine and continues with chronic non-specific lower back pain. The current request is medically necessary.

Pain Management eval for lumbar ESI: 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: The records indicate the patient has chronic complaints of low back pain. The current request for consideration is pain management evaluation for lumbar ESI. The progress report dated 10/12/15, page (8b), states, "we are also recommending that she obtain a lumbosacral support and be seen by pain management for possible lumbar epidural." The CA MTUS has this to say about ESI: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for ESI indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the medical records do not indicate radiculopathy is present. There is no documentation of MRI or EMG indicating the presence of radiculopathy. Furthermore, the physical examination findings and

patient symptoms do not suggest radiculopathy. For the above-mentioned reasons, the recommendation for pain management evaluation for lumbar ESI is not medically necessary.