

Case Number:	CM14-0128633		
Date Assigned:	08/18/2014	Date of Injury:	03/08/2011
Decision Date:	09/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36-year-old male with a reported date of injury on 03/08/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post discectomy/laminectomy with decompression at L3-4, L4-5, and L5-S1; previous radiculopathy to the left lower extremity at the left L3-4, left L4-5, L5-S1, severe; and unresponsive to conservative care; disc extrusion, left paracentrally at L3-4, L4-5, and L5-S1, causing left-sided radiculopathy/radiculitis, and degenerative disc disease to the lumbar spine. His previous treatments were noted to include physical therapy, epidural injection, pain management, medications, modification of activities, and surgery. The injured worker reported the left L3-S1 transforaminal epidural steroid injection 02/19/2014 was helpful. The progress note dated 08/04/2014 revealed complaints of back and leg pain that caused it hard for him to ambulate. The MRI studies correlated with the symptoms. This surgery improved his symptoms; however, he still had some residual back pain and leg pain. The injured worker reported worsening of back pain. The pain level was rated 5/10 to 7/10, and the injured worker was working full duty. The physical examination of the lumbar spine revealed pain to palpation and spasms to the lumbar spine. There was a decreased range of motion, and good motor strength was rated 4/5 proximally and distally in the left lower extremity. The sensory exam revealed sensation was intact in the lower extremities. The deep tendon reflexes were 2+ bilaterally for the knees and Achilles. There was a positive straight leg raise in the bilateral lower extremities. The provider indicated a lumbar MRI performed 01/04/2014 revealed evidence of recurrent protrusions at L3-4, L4-5, and L5-S1. There was evidence of foraminal stenosis at those levels, as well as significant disc degeneration. The provider indicated the injured worker's previous injection was in 02/2014, and it was very helpful and helped him for 6 months. The Request for Authorization form was not submitted within the medical records. The

request was for bilateral L4-5 and L5-S1 transforaminal epidural steroid injection with fluoroscopy guidance for back pain and an LSO lumbar brace to reduce pain and restrict the mobility of the trunk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection with fluoro. guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: The request for a bilateral L4-5 and L5-S1 transforaminal epidural steroid injection with fluoroscopy guidance is not medically necessary. The injured worker had a previous epidural steroid injection 02/2014 that helped him and lasted for 6 months. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief associated with reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation provided indicated the injured worker has failed conservative care; however, there is a lack of clinical findings showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Additionally, there was a lack of documentation regarding efficacy by 50% or more pain relief with the previous epidural injection to warrant a repeat block. Therefore, the request is not medically necessary.

LSO Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for an LSO lumbar brace is not medically necessary. The injured worker complains of low back pain and was injured 3 years ago. The CA MTUS/ACOEM Guidelines state lumbar support is not recommended for the treatment of low back disorders. The guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's injury was 3 years ago, and he has received multiple treatments since. The guidelines state lumbar support is not recommended beyond the acute phase of symptom relief, and the injured worker is now in the chronic phase of treatment. Therefore, the request is not medically necessary.