

Case Number:	CM15-0114656		
Date Assigned:	06/22/2015	Date of Injury:	03/26/2013
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 injured worker is a 35 year old male who sustained an industrial injury on 3/26/13. He reported pain in his lower back after he had to quickly move out of the way of a falling object. The injured worker was diagnosed as having left lumbosacral strain, left lumbosacral radiculopathy and myofascial pain. Treatment to date has included an EMG/NCV study on 1/13/15 with normal results, physical therapy, a lumbar MRI on 4/21/14 showing degenerative disc disease at L3-L4 and L4-L5 and trigger point injections with 25% pain relief. On 3/20/15, the injured worker had a left lumbar epidural injection at L4-L5 and L5-S1 and in note dated 4/8/15 he noted great relief from the injection although still with low back pain and left leg numbness and tingling. There was no documentation of how long or how much (percentage) of the symptoms were relieved. By 5/13/15, the low back apn was noted to be increasing. The PR2 dated 6/3/15, noted increased pain in the lumbar spine with left leg numbness. He indicated that physical therapy and medications were beneficial. Objective findings included decreased lumbar range of motion in all planes, positive left straight leg raise, decreased sensation in the left foot and spasms in the left leg. The treating physician requested a second left L4-L5 and L5-S1 epidural steroid injection and a back brace.
javascript:track('tracking.base.update.request.do?trackingId=109125297&dataObjectKey=object.imr')

IMR ISSUES, DECISIONS AND RATIONALES

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

Second left L4, L5, and S1 ESI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks Page(s): 39-40, 46.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities, which will allow this outcome. Epidural steroid injections (ESI) are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short term relief of symptoms as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. In the documented care for this patient available for review, these criteria are met. The history, exam and imaging studies are compatible with a possible radiculopathy and the prior lumbar ESI gave at least a partial beneficial response. At this point in the care of this patient medical necessity for this procedure has been established.

Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/15/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation 1) North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p. [542 references]2) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011. 37 p. [39 references].

Decision rationale: A back brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for

treating low back pain as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. Although this patient does experience worsening pain there is no mention of significant impairment in most of his activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. Medical necessity for use of this treatment modality has not been established.