

Case Number:	CM15-0123073		
Date Assigned:	07/07/2015	Date of Injury:	08/22/2014
Decision Date:	07/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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 44-year-old male, who sustained an industrial injury on 8/22/2014. He reported back pain with associated numbness and tingling down the right leg. Diagnoses have included lumbago, facet syndrome and lumbar disc displacement without myelopathy. Treatment to date has included bilateral L5 transforaminal epidural steroid injection on 4/17/2015 with improvement in right leg pain for a week and medication. According to the progress report dated 6/10/2015, the injured worker complained of low back and bilateral lower extremity pain and right hip pain. The injured worker reported losing weight secondary to a poor appetite. He reported 50% relief from previous transforaminal epidural steroid injection. He reported a poor mood and poor sleep. Norco was helping. He was back on MS Contin with relief. The injured worker had positive facet loading bilateral L4 and L5. Authorization was requested for repeat transforaminal epidural steroid injection at bilateral L5 and a Spinal-Q brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid repeat transforaminal epidural under fluoroscopy, at bilateral L5, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms; however, the clinical findings was without specific correlating myotomal and dermatomal neurological deficits and to repeat a LESI 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, not evident here with only one week of pain relief, continuing to require medications. Submitted reports identified no lasting response or improvement from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Steroid repeat transforaminal epidural under fluoroscopy, at bilateral L5, QTY: 1 is not medically necessary and appropriate.

Spinal-Q Brace, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic) chapter, Back Braces/Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Back, Chapter 12, page 301. Decision based on Non-MTUS Citation ODG, Low Back, Back brace, page 372.

Decision rationale: Per manufacturer, the Spinal-Q Brace may be used for people with poor posture, rotator cuff injuries, SLAP tears, osteoporosis or spinal conditions. It is not clear what postural support for the back and shoulder is being requested and how this DME will assist in improving the patient's pain or functional capacity. Submitted reports have not demonstrated any deteriorating clinical findings, new injury, or acute change for the postural support nor is there any specific ADL limitations that would be alleviated by these supports. The Spinal-Q Brace, QTY: 1 is not medically necessary and appropriate.