MAXIMUS Federal Services

Case Number:	CM15-0072207		
Date Assigned:	04/22/2015	Date of Injury:	02/13/2008
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/16/2015

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, Pain Management

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 51 year old male, who sustained an industrial injury on February 13, 2008. He reported low back pain and right calf pain. The injured worker was diagnosed as having severe disc desiccation with moderate central disc herniation at the lumbar 5-sacral 1 level, small central disc herniation at the lumbar 4-lumbar 5 level, transitional sacral 1-sacral 2 in the form of unilateral pseudofusion and spodylytic spondylolisthesis at the lumbar 5 through sacral 1 level. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to the upper back, hips and down bilateral lower extremities from the thighs to the feet. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He reported slipping and falling while trying to arrest an uncooperative individual. He was treated conservatively without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued pain as noted. A back brace and a lumbar epidural steroid injection were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural steroid injection, per 02/04/15 order Qty: 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy with imaging or electrodiagnostic corroboration at the L4-5 level. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

LSO brace, per 02/04/15 order: 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): 301.

Decision rationale: Regarding the request for LSO brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO brace is not medically necessary.