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| Case Number: | CM14-0043561 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 12/15/2011 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/09/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 Illinois. 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 44-year-old male who reported an injury on 12/15/2011 reportedly while lifting a carton and experienced severe low back pain radiating to the right lower extremity. The injured worker's treatment history included MRI studies, bilateral facet joint injections, epidural steroid injections, medications, x-rays, EMG/NCV studies, and surgery. On 10/10/2013, the injured worker had undergone an EMG/NCV study of the bilateral lower extremities that demonstrated a normal study. On 10/29/2013, the injured worker had undergone an MRI of the lumbar spine that revealed disc desiccation at L4-5 and L5-S1, mild facet arthrosis L4-5, L5-S1, and mild neural foraminal narrowing between right L4-5 and L5-S1. On 02/03/2014, the injured worker had a right L4-5 transforaminal epidural steroid injection and reported 5 days of pain relief. The injured worker was evaluated on 04/29/2014, and it was documented that the injured worker complained of severe pain in his low back. He stated that pain traveled through his right leg to right calf. He reported difficulty with his balance, lifting, going up and down stairs, shopping, cleaning, daily activities, sleeping, bending, turning his torso, getting out of bed, and sexual activity. The injured worker ambulated with a curved single point cane. During examination of the lumbar spine, myospasms, tenderness to palpation, and restricted ranges of motion are noted. Decreased sensation was noted throughout the right lower extremity. Varicose veins are seen along the right lateral knee. Current diagnoses included lumbar sprain/strain and strain of lumbar region. The Request for Authorization dated 04/29/2014 was for lumbar epidural steroid injection at L5-S1, firm Tempurpedic mattress, lumbar-sacral orthosis Cybertech brace, and TENS unit; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker received an epidural steroid injection with 5 days of pain relief. Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and prior physical therapy outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for Lumbar epidural steroid injection at L5-S1 is not medically necessary.

Firm tempurpedic mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Official Disability Guidelines (ODG) Low Back Mattress Selection.

Decision rationale: The Official Disability Guidelines (ODG) does not recommend the use of firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective

and depends on personal preference and individual factors. On other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure.) As such, the request is not medically necessary and appropriate.

Lumbo-sacral orthosis Cybertech brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM Guidelines states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation does not outline the injured worker to have documented instability or spondylolisthesis for which bracing would be supported. Therefore, the requested Lumbo-sacral orthosis Cybertech brace is not medically necessary and appropriate.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Mattress Selection.

Decision rationale: The MTUS Chronic Pain Guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The injured worker had previous physical therapy sessions however, the outcome measurements were not provided. The provider failed to indicate long-term functional restoration goals for the injured worker. In addition, the request failed to indicate frequency and location where the TENS unit should be used on the injured worker. Given the above, the request for TENS unit is not medically necessary.