

Case Number:	CM13-0069382		
Date Assigned:	01/03/2014	Date of Injury:	08/26/2008
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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 California. 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 patient is a 52 year old female who was injured on 08/26/2008. The mechanism of injury is unknown, but the patient complains of low back pain that radiates to bilateral lower extremities, bilateral knee and foot, and neck pain that radiates to the bilateral upper extremities to the level of the bilateral hand. Prior treatment history has included medications and an epidural steroid injection at C5-C7 level on 11/04/2013. The patient underwent L3-S1 removal of bilateral lumbar spinal hardware; L3-S1 bilateral inspection of fusion; L3-S1 extensive excision of scar tissue; L3-S1 bilateral nerve root exploration with lysis of epidural adhesions/epineurolysis (using microscope with separate light source; L3-S1 regrafting of pedicle screw holes/lateral gutter using demineralized bone matrix augment with iliac crest marrow. Pain Medicine Re-evaluation note dated 11/07/2013 documented the patient to have complaints of low back pain that radiates to bilateral lower extremities to the level of bilateral knee and foot. The patient also complains of neck pain that radiates to bilateral upper extremities to the level of bilateral hand. The patient's pain level is unchanged with average pain level of 7/10 with medications and 10/10 without medications. Pain Medicine Re-evaluation note dated 10/10/2013 documented the patient to have complaints of low back pain that radiates to bilateral lower extremities to the level of knee and foot. The patient also complains of neck pain that radiates to bilateral upper extremities to the level of hand. The patient's pain level is increased with average pain level of 8-10/10 with medications and 10/10 without medications. Objective findings on exam revealed the patient's gait was antalgic. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. There was spinal vertebral tenderness noted in the lumbar spine at the L4-S1 level; lumbar paraspinous muscle spasm was noted on palpation. The range of motion of the cervical spine revealed moderate reduction secondary to pain. There was spinal vertebral tenderness noted in the cervical spine at the C4-C7 level. There was cervical paraspinous spasm

noted on palpation; sensory examination showed decreased touch in the left upper extremity and right upper extremity; positive 18 degrees/18 fibro tender points. The patient was diagnosed with 1) Lumbar radiculopathy; 2) Status post lumbar fusion; 3) Cervical radiculopathy; 4) Fibromyalgia; 5) Headaches; 6) Depression; 7) Anxiety; 8) Chronic pain, other; 9) Medication related dyspepsia; 10) Status post lumbar renewal of hardware. The recommended treatment plan Awaiting UR determination for CESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for epidural steroid injection procedure: 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) - Treatment for Workers' Compensation (TWC), Knee & Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute and Chronic), Transportation (to & from appointments).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, "recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." In this case, there is no documentation that the patient has inability to self-transport, lives alone, or do not have family/friend member who can provide transportation. Thus, the request is non-certified.