

Case Number:	CM14-0007602		
Date Assigned:	01/24/2014	Date of Injury:	04/12/2013
Decision Date:	06/10/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 injured worker is a 38 year old male who reported a lifting injury to his low back on 04/12/2013. The clinical note dated 12/23/2013 reported the injured worker had an epidural steroid injection on 11/15/2013 with mild improvement. Within the clinical note dated 01/03/2014 the injured worker reported severe low back pain rated 10/10. The physical exam reported a positive straight leg raise on the right, limited lumbar range of motion, intact deep tendon reflexes, and unremarkable lower extremity strength and motor function. The MRI impression dated 08/22/2013 reported the injured worker showed at L5-S1 biforaminal stenosis secondary to disc bulging and spondylosis, but the contact does not compress the exiting L5 rootlets. The request for authorization was not supplied within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND LUMBAR EPIDURAL STEROID INJECTION L5-S1: 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The CA MTUS guidelines recommend it as an option for treatment of radicular pain with certain criteria. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. The injured worker had an MRI done that did not confirm the diagnosis of radiculitis in the lower extremities. Also, there was a lack of documentation that quantified the relief of yhe previous epidural steroid injection. Additionally, it is unclear that there has been an exhaustion of conservative care. Lastly, the guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. Hence, the request is not medically necessary.

DME: EXTEND WHEELCHAIR RENTAL FOR 45 DAYS: 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), Knee & Leg.

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, Wheelchair.

Decision rationale: The request to extend wheelchair rental for 45 days is not medically necessary. The Official Disability Guidelines recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. There is a lack of documentation showing the functional deficit needed for the wheel chair outlined by the guidelines. Furthermore, there is a lack of documentation how the injured worker tolerated the use the wheelchair. Hence, the request is not medically necessary.