

Case Number:	CM14-0015843		
Date Assigned:	03/03/2014	Date of Injury:	11/28/2007
Decision Date:	07/18/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine 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 72-year-old male who has submitted a claim for thoracic region sprain associated with an industrial injury date of September 16, 2003. Medical records from 2013 to 2014 were reviewed. The patient complains of low back pain radiating down the left lower extremity rated 3/10 with medications and 10/10 without medications. Pain increase with activity such as walking, and falls were reported. The patient can only climb seven to nine stairs without fatiguing and falling; he has fourteen stairs. His status is post caudal epidural steroid infusion at bilateral L4-S1 on August 22, 2013 which provided 50%-80% overall improvement. Physical examination of the lumbar spine showed spasm at the bilateral paraspinal musculature and marked decreased in strength bilaterally. The patient is very limited in ambulatory ability and uses a wheelchair. Magnetic Resonance Imaging (MRI) of the lumbar spine obtained on June 23, 2010 revealed minimal retrolisthesis at the L2-L3 level and mild anterolisthesis at the L5-6 level; minimal anterior compression of the L1 vertebral body; mild right and moderate left osseous neural foraminal narrowing at L1-2; moderate bilateral osseous neural foraminal narrowing at L2-3; and mild to moderate right osseous foraminal narrowing at L5-6. The diagnoses were lumbar disc displacement, lumbar radiculopathy, and status post multiple lumbar spine surgeries x 7. Treatment plan includes a request for a chairlift for patient's safety. Treatment to date has included oral and topical analgesics, muscle relaxants, lumbar spine surgeries (x7), physical therapy, home exercises, trigger point injections and caudal epidural steroid infusion. Utilization review from January 3, 2014 denied the request for chairlift for stairs at home because there was no documentation of any significant loss of lower extremities, inability to walk and use of wheelchair to ambulate.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION TO L4-5: 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): 300, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not specifically address durable medical equipment (DME). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that DME is recommended generally if there is a medical need. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, the patient has low back pain which increases with walking. He can only climb seven to nine stairs without fatiguing and falling. Falls were reported. An electric chairlift may benefit the patient. However, environmental modifications are considered not primarily medical in nature. Therefore, the request for chair lift for stairs at home is not medically necessary.