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| Case Number: | CM14-0135943 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 01/21/1994 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Texas. 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:

Medical records reflect the claimant is a 67 year old male who sustained a work injury on 1-21-94. On 7-28-14, the claimant had a new MRI of the lumbar and thoracic spine. He reports discomfort in the right leg that gives out. He continues with swelling and numbness of his feet. He uses Percocet, Robaxin and Gabapentin as well as his walker. On exam, he can stand and walk. He has some imbalance to his gait. He has no major motor deficits. He has positive SLR and tightness to hamstrings with SLR bilaterally. The new MRI of the thoracic spine shows wide decompression from T10 to T12. There is residual chronic inflammation of the spinal cord. The MRI of the lumbar spine shows wide open canal centrally at L4-L5 and L5-S1 levels. There is some residual minimal impingement foraminally at these levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from physical therapy two times a week for six weeks: 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 and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and leg chapter - transportation.

Decision rationale: ODG reports that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Medical Records reflect that this claimant is able to walk and uses a walker. On 7/28/14 exam he was able to stand and walk and has some imbalance to his gait. He has no major motor deficits. There is an absence in documentation noting that this claimant has disability that prevents him from self-transport. This request is not established as medically necessary.

Right L4-5, L5-S1 nerve block with sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: Chronic pain medical treatment guidelines as well as ODG indicate that to perform an epidural steroid injection radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. This claimant has subjective complaints of sensory loss, but no weakness or motor deficits. DTR are not documented. There is an absence in documentation noting that this claimant has radiculopathy as required. Additionally, the claimant is being referred to physical therapy. He has not maximized conservative care prior to an epidural steroid injection. The request for epidural steroid injection at L4-L5 and L5-S1 is not established and is not medically necessary.