

Case Number:	CM14-0209687		
Date Assigned:	12/22/2014	Date of Injury:	10/26/1976
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 74 year-old male with date of injury 10/26/1976. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Patient is status post multiple spine surgeries, the last being in 2001. The patient reports he has had a bilateral TFESI at L3-L4 with significant benefit for 4 days. The patient also reported a trigger point injection on 02/28/2013, which he states gave him significant pain relief for about 6 to 12 weeks. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinals. Decreased range of motion in all planes. Decreased sensation right L3, L4, L5 and S1 dermatomes. Motor exam was 4/5 for bilateral lower extremities. Straight leg raise on the right produced pain into the foot. Electrodiagnostic study revealed evidence of chronic bilateral L4/L5/S1 radiculopathy. Diagnosis: 1. Chronic low back pain 2. Status post multiple lumbar spine surgeries 3. Whole body pain 4. Chronic bilateral L4/L5/S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medial branch block targeting right L4/5 and L5/S1 facets: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In the case of this patient, he has a history of having excellent results for an extended period from an injection in February of 2013. This treatment modality has not been utilized for nearly 2 years and there is documentation of objective functional improvement and pain. I am reversing the previous utilization review decision. One medial branch block targeting right L4/5 and L5/S1 facets is medically necessary.

4 wheeled walker with bench and basket: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the Official Disability Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid. The patient certainly falls under the Guidelines in his need for a 4 wheeled walker. There is no clear documentation in the medical record why he requires a bench and basket. Four wheeled walker with bench and basket is not medically necessary.