

Case Number:	CM15-0007672		
Date Assigned:	01/27/2015	Date of Injury:	02/23/2003
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 02/23/2003. The mechanism of injury involved cumulative trauma. The current diagnosis is lumbosacral sprain. A Request for Authorization form was submitted on 12/09/2014 for the rental of an upright stationary bike as well as a lumbar epidural steroid injection. However, there were no physician's progress reports submitted on the requesting date. The only physician's progress report submitted for this review was documented on 08/06/2014. The injured worker had a complex history of multiple industrial injuries involving the back, hips, knees, and bilateral legs. Previous conservative treatment included physical therapy. Upon examination, there was tightness of the paraspinal muscles throughout the lower thoracic and lumbar areas, mild point tenderness in the midline from thoracolumbar junction down to the lumbosacral junction, mild point tenderness over the right sciatic notch and bilateral trochanteric areas, 4-/5 weakness, moderately severe deficit with strength of the major muscle groups in the lower extremities, and extreme deficit with the inability to stand on 1 leg for 1 to 2 seconds. Recommendations at that time included extensive physical therapy as well as gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stationary Bike for a 2 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment when there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, the injured worker has completed a substantial amount of physical therapy. The injured worker should be well versed in a home exercise program. It is unclear why the injured worker requires specialized equipment. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Lumbar Epidural Steroid Injection: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no objective evidence of radiculopathy upon examination. There was also no mention of a recent attempt at any conservative treatment. Given the above, the request is not medically appropriate.