

Case Number:	CM15-0138899		
Date Assigned:	07/28/2015	Date of Injury:	08/01/2012
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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

CLINICAL CASE SUMMARY

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

This 55-year-old male sustained an industrial injury on 8/1/12. Magnetic resonance imaging (10/29/12) showed degenerative disc disease with spondylolisthesis and retrolisthesis. Recent treatment consisted of medication management. In the most recent documentation submitted for review, a PR-2 dated 2/3/15, the injured worker continued to have significant low back pain. The physician noted that it was difficult to examine due to the injured worker's immobility. Physical exam was remarkable for mild muscle spasms, poor antalgic posturing, decreased range of motion and positive bilateral straight leg raise with burning pain radiating to the right leg. Current diagnoses included chronic lumbar myofascial pain syndrome, lumbar spine degenerative disc disease with retrolisthesis, lumbar disc protrusion, lumbar spine radiculopathy, right knee internal derangement, left hip trochanteric bursitis and left hip degenerative disc disease. The treatment plan included a prescription for MS Contin, continuing Norco with an additional 15 tablets for one month and then weaning back to 90 tablets per month, continuing Neurontin and follow-up with a physician regarding gastric bypass and urology for a cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for low back pain. When seen, medications are referenced as decreasing pain from 9+/10 to 3/10 and allowing the claimant to drive and perform self-care activities as well as perform walking exercises as he was trying to lose weight in order to have lumbar spine surgery. Physical examination findings included eight BMI of over 48. He had difficulty ambulating and was using a walker. His examination was limited due to his reported immobility. He had mild muscle spasms with poor posture and decreased range of motion. Straight leg raising was positive. An MRI of the lumbar spine in October 2013 is referenced as showing severe facet arthropathy with moderate foraminal stenosis. An epidural steroid injection and replacement of his current walker are being requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive straight leg raising and imaging shows findings of neural compromise. There are however no findings of radiculopathy such as decreased strength in a radicular pattern, decreased sensation or asymmetric or abnormal reflexes. Although his examination may be limited due to his obesity, at least testing of sensation would be expected. The request cannot be accepted as being medically necessary.

DME new four wheeled walker with seat and capacity of 350lbs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Durable Medical Equipment (DME), Walking Aids.

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), Durable medical equipment (DME).

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for low back pain. When seen, medications are referenced as decreasing pain from 9+/10 to 3/10 and allowing the claimant to drive and perform self-care activities as well as perform walking exercises as he was trying to lose weight in order to have lumbar spine surgery. Physical examination findings included eight BMI of over 48. He had difficulty ambulating and was using a walker. His examination was limited due to his reported immobility. He had mild muscle spasms with poor posture and decreased range of motion. Straight leg raising was positive. An MRI of the lumbar spine in October 2013 is referenced as showing severe facet arthropathy with moderate foraminal stenosis. An epidural steroid injection and replacement of his current walker are being requested. Durable medical equipment can be recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). In this case, the claimant is morbidly obese and is awaiting lumbar spine surgery pending weight loss. He walks for exercises and uses a rolling walker and the fact that replacement is being requested is consistent with his reliance on its use. The request can be considered medically necessary.