

Case Number:	CM15-0139215		
Date Assigned:	07/29/2015	Date of Injury:	12/19/2012
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 51-year-old female patient who sustained an industrial injury 12/19/2012.

Diagnoses/impressions include lumbosacral radiculopathy with multilevel lumbar disc disease. She sustained the injury due to a trip and fall incident. Per the doctor's note dated 6/15/2015, she had complaints of significant pain and numbness to the leg. Per the doctor's note dated 5/06/2015, physical examination revealed normal straight leg raising and normal motor, sensory and deep tendon reflexes. According to the PR2 dated 4/3/15, she had significant low back pain with numbness in the bilateral legs; problems with her balance and with falling due to the increasing pain. Her Norco was not managing her pain well. The physical examination revealed range of motion of the lumbar spine moderately limited in extension greater than flexion, and in rotation, due to pain, tenderness to pressure over the midline and bilaterally at the L4-5 and L5- S1 levels and muscle tightness in the low lumbar region, greater on the left, positive straight leg raise bilaterally and decreased sensation over the bilateral L5 and S1 dermatomes, greater on the left. The medications list includes zolpidem, escitalopram, gabapentin, omeprazole, estradiol, tramadol, hydrocodone, diclofenac sodium, lisinopril and cyclobenzaprine. Per the Follow-Up Evaluation notes dated 1/21/15, she had two previous epidural steroid injections (last on 12/10/2014) that were temporarily helpful. The notes also indicated she had fallen a few weeks prior, due to her leg problem, which further injured her back. She has had the x-rays of the lumbar spine on 1/21/15, which showed proper spinal alignment and no instability; the MRI dated 3/1/13, which showed an L5-S1 disc tear with abutment upon the proximal right S1 nerve root. A request was made for a walker with a seat and brakes due to instability; and bilateral lumbar L4-L5 transforaminal epidural steroid injections for treatment of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with seat & brakes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee - 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) Chapter: Knee & Leg (updated 07/10/15), Walkers, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Per the cited guidelines canes or walking aids are "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." In addition, per the cited guidelines "Disability, pain, and age-related impairments seem to determine the need for a walking aid." Per the doctor's note dated 5/06/2015, physical examination revealed normal straight leg raising and normal motor, sensory and deep tendon reflexes. Per the records provided patient had chronic low back pain with normal strength in the lower extremity. Recent, consistent, objective evidence of lower extremity weakness or neuro-deficit that would require a walking aid is not specified in the records provided. The rationale for the request for the seat and brake, is not specified in the records provided. The medical necessity of Walker with seat & brakes is not fully established for this patient.

Bilateral Lumbar L4-L5, Transforaminal 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 Epidural steroid injections (ESIs), page 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants.)" "7) 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." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to recent conservative therapy including physical therapy visits is not

specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. In addition, patient had previously 2 lumbar epidural steroid injections for this injury. Documented evidence of significant objective functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks is not specified in the records provided. The medical necessity of Bilateral Lumbar L4-L5, Transforaminal Epidural Steroid Injection is not fully established for this patient.