

<b>Case Number:</b>	CM15-0147656		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: North Carolina, Georgia  
 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:

The injured worker is a 62 year old female who sustained an industrial injury on 09-29-2012. Mechanism of injury was a slip and fall injuring her neck and low back. Diagnoses include lumbar disc disease, degeneration of lumbar or lumbosacral intervertebral disc, pelvic somatic dysfunction, sacral somatic dysfunction, and spasm, anxiety and depression. Comorbidities include hypertension, and asthma. Treatment to date has included diagnostic studies, medications, epidural steroid injections which have been helpful and manipulative therapy. Her medications include Atorvastatin, Colcrys, Coreg, Cyclobenzaprine, Escitalopram, Glipizide, Methimazole, Tramadol, and Uloric. She is not working. A physician progress note dated 07-07-20-15 documents the injured worker complains of worsening back pain with radiation into the buttocks, right leg, left foot and ankle. She also has pain in her neck, bilateral shoulders, arms and hands. She rates her pain as 8 out of 10 with medications and 10 out of 10 without medications. The pain is interfering with sleep. She ambulates with a walker and uses a wheelchair. There is thoracic and lumbar spasm and tenderness. Her BMI is 46.1. The treatment plan includes a pain management consultation, Tramadol, stopping Celebrex due to low GFR; reevaluation for a nerve stimulator for pain-she cannot take NSAIDs due to kidney failure. Treatment requested is for 3 lumbar epidurals, Neurosurgery consultation, a walker and a wheelchair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 lumbar epidurals:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no documentation of 50% or greater reduction in pain after the prior injections. The request does not detail at what level(s) the epidural injection would be performed. Lastly, the request is for a series of three injections, which is not supported by guidelines. Three epidural steroid injections are not medically necessary.

**Wheelchair:** 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 & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Wheelchair.

**Decision rationale:** CA MTUS is silent on the use of wheelchairs. ODG Section on Knee states that a manual wheelchair may be used if the patient requires it and will use it to move around their residence. In this case, the record does state that the claimant uses a wheelchair to move around her residence and documents weakness and gait instability. A wheelchair is medically necessary.

**Walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walkers.

**Decision rationale:** CA MTUS is silent on walking aids, such as a walker. ODG section on Knee states that walking aids are recommended when there is documented gait instability. In this case, there is documentation of gait instability and weakness of lower extremity. The notes state the claimant is using a walker. A walker is medically necessary.

**Neurosurgery consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-307.

**Decision rationale:** ACOEM addresses the need for neurosurgical specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain no documentation of any red flag findings or indications for surgical interventions. As such, neurosurgical consultation is not medically necessary.