

Case Number:	CM13-0035904		
Date Assigned:	12/13/2013	Date of Injury:	07/30/2004
Decision Date:	03/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to report dated 07/30/2013 by [REDACTED], the patient presents with pain in her neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. On examination, the patient was noted as walking favoring her left leg, moving stiffly, and ambulating with a cane. Range of motion in her left leg was noted as decreased. Patient demonstrates 3-/5 strength in hip flexion and extension. Abduction strength is 3-/5. Knee strength is 3/5 on the left. Right lower extremity strength is 3+/-5 at the hip and 4-/5 at knee. No further examination notes were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injections from L1 through L5: 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(s): 46-47.

Decision rationale: This employee presents with back pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests a lumbar epidural steroid injection at L1 to L5. Request for authorization by [REDACTED] dated 09/04/2013 states employee "is noticing intermediate radicular symptoms down both legs."

Utilization review dated 10/02/2013 denied request stating, "AMA criteria for radiculopathy are not met." The MTUS Guidelines page 46, 47 recommends ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with collaborative findings of radiculopathy. In this case, there is no documentation of subjective or objective findings of dermatomal distribution of symptoms in any of the progress reports prior to the RFA report. Furthermore, there is no MRI or EMG report that confirms radiculopathy. The requested ESI is not medically necessary, and recommendation is for denial.

Purchase of one (1) stretch-out strap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment (DME).

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests DME including lateral wedge, stretch-out wrap, pair of adjustable straps 10 pounds in weight, one 55-cm Norco exercise ball, one pair of each 8 pounds and 10 pounds dumbbells for home exercise program. The MTUS and ACOEM Guidelines do not discuss DME. However, ODG Guidelines have the following regarding durable medical equipment, "Recommended generally if there is medical need and if the device or system meets Medicare's definition of durable medical equipment." ODG also has the following on exercise equipment, "Exercise equipment is considered not primarily medical in nature." While an individual exercise program is recommended, outcomes that are not monitored by health professionals such as gym memberships or advanced home exercise equipment are not recommended.

One (1) pair of adjustable straps of 10 pound weight: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment (DME).

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests DME including lateral wedge, stretch-out wrap, pair of adjustable straps 10 pounds in weight, one 55-cm Norco exercise ball, one pair of each 8 pounds and 10 pounds dumbbells for home exercise program. The MTUS and ACOEM Guidelines do not discuss DME. However, ODG Guidelines have the following regarding durable medical equipment, "Recommended generally if there is medical need and if the device or system meets Medicare's definition of durable medical equipment." ODG also has the following on exercise equipment, "Exercise equipment is considered not primarily medical in nature." While an individual exercise program is recommended, outcomes that are not monitored by health professional such as gym memberships or advanced home exercise equipment are not recommended.

One (1) 55-centimeter (cm) Norco exercise ball: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment (DME).

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests DME including lateral wedge, stretch-out wrap, pair of adjustable straps 10 pounds in weight, one 55-cm Norco exercise ball, one pair of each 8 pounds and 10 pounds dumb-bells for home exercise program. The MTUS and ACOEM Guidelines do not discuss DME. However, ODG Guidelines have the following regarding durable medical equipment, "Recommended generally if there is medical need and if the device or system meets Medicare's definition of durable medical equipment." ODG also has the following on exercise equipment, "Exercise equipment is considered not primarily medical in nature." While an individual exercise program is recommended, outcomes that are not monitored by health professional such as gym memberships or advanced home exercise equipment are not recommended.

One (1) pair each of 8-pound and 10-pound dumb-bells: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment (DME).

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests DME including lateral wedge, stretch-out wrap, pair of adjustable straps 10 pounds in weight, one 55-cm Norco exercise ball, one pair of each 8 pounds and 10 pounds dumb-bells for home exercise program. The MTUS and ACOEM Guidelines do not discuss DME. However, ODG Guidelines have the following regarding durable medical equipment, "Recommended generally if there is medical need and if the device or system meets Medicare's definition of durable medical equipment." ODG also has the following on exercise equipment, "Exercise equipment is considered not primarily medical in nature." While an individual exercise program is recommended, outcomes that are not monitored by health professional such as gym memberships or advanced home exercise equipment are not recommended.

One (1) instride exercise bicycle, extra large: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment (DME).

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests (1) exercise bike. Stationary bikes are not specifically addressed in the MTUS and ACOEM Guidelines; however, ODG Guidelines indicate that treatments must be monitored and administered by medical professionals; while an exercise program is recommended, outcomes that are not monitored by health professionals such as gym memberships, or advanced home exercise equipment are not recommended under this guideline. The requested stationary bike is not medically necessary and recommendation is for denial.

One (1) extra-large lateral wedge: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment (DME).

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician requests DME including lateral wedge, stretch-out wrap, pair of adjustable straps 10 pounds in weight, one 55-cm Norco exercise ball, one pair of each 8 pounds and 10 pounds dumb-bells for home exercise program. The MTUS and ACOEM Guidelines do not discuss DME. However, ODG Guidelines have the following regarding durable medical equipment, "Recommended generally if there is medical need and if the device or system meets Medicare's definition of durable medical equipment." ODG also has the following on exercise equipment, "Exercise equipment is considered not primarily medical in nature." While an individual exercise program is recommended, outcomes that are not monitored by health professional such as gym memberships or advanced home exercise equipment are not recommended.

One (1) MRI of lumbar spine with gadolinium contrast and anesthesia: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI, uncomplicated pain.

Decision rationale: This employee presents with pain in the neck, upper back, low back, buttocks, groin, left thigh, bilateral calves, and bilateral feet. The treating physician is requesting an MRI of the lumbar spine with anesthesia as the prior MRI was "aborted due to anxiety." The examination showed quite a bit of weakness in both lower extremities. The reports indicate prior history of lumbar surgery with current diagnosis of post-laminectomy syndrome. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery." ODG guidelines specifically recommend MRI studies following lumbar surgery. Review of the reports do not show that this employee has had an MRI

following the employee's surgery. Given the employee's significant leg symptoms with weakness, an MRI with contrast is reasonable. MRI under sedation would appear reasonable as well since the employee has not been able to tolerate prior MRI's due to claustrophobia. Recommendation is for authorization.