

<b>Case Number:</b>	CM14-0148054		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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/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:

The injured worker 66-year-old male who reduce a work related injury on 05/29/2009 due to a motor vehicle accident. The injured worker's diagnoses were noted to include neck pain, low back pain, radiculopathy, neuropathic pain, and musculoskeletal pain. The injured worker's past treatment was noted to include surgical intervention, medication management, and epidural steroid injection. Diagnostic studies include MRI of the lumbar spine on 07/10/2012, which revealed there was a curvature of the lumbar spine, convex on the left; postoperative changes at L4, L5, and S1; the last full disc space was presumed to represent L5-S1; a rudimentary disc space is seen at S1-2. Postoperative changes were also seen associated with posterior elements and paraspinal tissue at L4, L5, and S1. There was straightening of the lumbar spine lordosis. There is a metallic artifact associated with the right hip as well, seen on the scout image. Specifically on L5-S1, it was noted that there were postoperative changes compatible with an intervertebral spacer device noted. There were no significant disc bulges or protrusion. There was mild narrowing of the caudal margin of the neural foramen bilaterally due to a combination of disc disease and ridging osteophytes. There was signal alteration at the posterior margin of the disc space at L5-S1 that may represent granulation tissue; correlation with post contrast imaging may be helpful. The injured worker's surgical history was noted to include a lumbar fusion on an unspecified date. Upon evaluation on 08/07/2014, the injured worker continued to have lower back pain. He reported the pain to be 8/10 in intensity, with radiating pain down to his bilateral legs in the S1 distribution. He reported having a triple level fusion at L4-5 and L5-S1 in the past. The neurological examination revealed the cranial nerves were normal and intact. The motor examination revealed the patient had 5-/5 strength in the deltoid and intrinsic musculature of the hand. Lower extremities were a diffuse 4+/5 throughout. Sensory

examination revealed decreased perception in the bilateral S1 distribution. He was noted to be symmetrically hypo reflexive. The injured worker's gait was noted to be wide based and antalgic. His posture was noted to be somewhat stooped. The injured worker's prescribed medications were noted to be Wellbutrin, Butrans patch, Norco, and Topamax. The treatment plan consisted of 2 epidural steroid injections, 2 lumbar facet injections, and a stair elevator. The rationale for the requested series of 2 lumbar epidural steroid injections was recommended for pain, and a stair elevator was recommended, as the injured worker was having difficulty walking up and down the stairs in his house and has a risk of falling. A Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Two epidural steroid injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** The request for 2 epidural steroid injections is not medically necessary. The California MTUS Guidelines state epidural steroid injections may be considered when there is documentation of objective radiculopathy upon physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Furthermore, repeat epidural steroid injections may be considered when there is documentation of greater than 50% pain relief for 6 to 8 weeks, with objective functional improvement and reduction in medication usage. As shown, the guidelines recommend no more than 2 epidural steroid injections. In regard to the injured worker, there was documentation of failure of conservative measures. Furthermore, upon physical examination, it was noted that the injured worker had focal findings consistent with objective radiculopathy such as sensory changes and a dermatomal weakness. However, there is no evidence based documentation to support a series of epidural steroid injections. Additionally, 2 epidural steroid injections would exceed the recommendations outlined within the guidelines of 2 epidural steroid injections. As such, the request for 2 epidural steroid injections is not medically necessary.

#### **Two lumbar facet injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint pain, signs & symptoms

**Decision rationale:** The request for 2 lumbar facet injections is not medically necessary. The Official Disability Guidelines state that indicators of pain related to facet joint pathology are noted to include: tenderness to palpation of the paravertebral vertebral areas over the facet region; a normal sensory examination; absence of acute findings, although pain may radiate below the knees; and a normal straight leg raise exam. Therefore, the symptoms may be present if there is evidence of hypertrophy encroaching on the neural foramen. In regard to the injured worker, the objective findings are limited to consist with facet mediated with pain over the lumbar region. Additionally, there was significant objective evidence of radiculopathy, which is considered a contraindication for facet injections. Moreover, there was a request for epidural steroid injections, which is not supported with the evidence based guidelines. As such, the request for 2 lumbar facet injections is not medically necessary.

**Stair elevator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

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

**Decision rationale:** The request for a stair elevator is not medically necessary. The Official Disability Guidelines state that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare definition of durable medical equipment. In addition, there are physical limitations where the patient may require patient education and modification to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The use of specialized DME requires a thorough explanation and medical justification as to why the required equipment is necessary. In the documentation provided for review, it was noted that the injured worker had evidence of weakness; however, there was no documentation of prior falls, or the need to use specialized equipment for ambulation due to balance problems. As such, the request for a stair elevator is not medically necessary.