

Case Number:	CM14-0185138		
Date Assigned:	11/13/2014	Date of Injury:	02/27/2006
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 60 year old male who was injured on 2/27/2006. The diagnoses are low back pain and knee pain. The patient reported pain relief after Synvisc injection of the knees. The 2014 MRI of the lumbar spine showed multilevel disc bulges, facet hypertrophy, and foraminal stenosis with contact with nerve roots. The patient completed lumbar epidural injection, PT, transcutaneous electrical nerve stimulation (TENS) and home exercise program. On 9/24/2014, the provider noted subjective complaint of low back pain radiating to the low extremities. The patient uses a cane for ambulation. There is objective finding of antalgic gait, tenderness over the lumbar sacral spine with positive facet loading. The pain score was rated at 4/10 with medication and 8/10 without medication on a scale of 0 to 10. The patient was able to walk about 1 block without medication and 5 blocks with medications. The medications are Norco, gabapentin and Celebrex for pain and Tizanidine for muscle spasm. A urine drug screen (UDS) on 4/16/2014 was negative for prescribed medications but positive for alcohol. A Utilization Review determination was rendered on 10/6/2014 recommending non certification for Motorized Scooter and Left L5-S1, S1-S2 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Scooter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Knee Chapter, Low Back, Durable Medical Equipment, Power Mobility devices

Decision rationale: The CA MTUS did not address the use of motorized scooter. The ODG guidelines recommend that motorized mobility devices can be utilized if the patient cannot ambulate with the use of manual propel devices. The records indicate that the patient is able to ambulate up to 5 blocks with the use of a single point cane. The mobility had not been limited to the point of being confined to the use of a walker or manual wheelchair before progressing to a motorized scooter. The records indicate that an orthopedist evaluation is pending to evaluate the knee pain, which could lead to improved mobility. The criteria for the use of Motorized Scooter are not met.

Transforaminal Lumbar Epidural Steroid Injection to the Left L5-S1 and S1-S2:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed conservative treatments with medications and PT. The records indicate that past epidural injections in 2011 did provide greater than 70% pain relief with reduction in medication utilization. The criteria for transforaminal lumbar epidural steroid injections left L5-S1, S1-S2 are met.