

Case Number:	CM14-0075153		
Date Assigned:	09/18/2014	Date of Injury:	02/13/2011
Decision Date:	10/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/22/2014

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 Geriatrics and is licensed to practice in New York. 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:

Epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. 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. There is little information on improved function. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that she has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. Additionally, it appears that an epidural injection has already been provided in the past and was said to be 'helpful' but there is no documentation of when this occurred and what the outcomes were in regards to pain and function. An L3-5 epidural injection (in question here) is not medically substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seat Type Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC
KNEE AND LEG SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Overview of geriatric rehabilitation: Program components and settings for rehabilitation

Decision rationale: The injured worker is a 59 year old woman with a date of injury of 2/13/11. Her physical exam showed pain and stiffness in her knees. There is a brief description that she has an antalgic gait but there is that she is no weakness documented in her lower extremities or evaluation of her functional status / ambulation ability or why she requires a walker. The medical records do not substantiate why she requires a walker when her functional status / ambulation ability is not documented. Therefore the request is not medically necessary.