

Case Number:	CM15-0121781		
Date Assigned:	07/10/2015	Date of Injury:	01/08/2013
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27 year old male, who sustained an industrial injury on 01/08/2013. The injured worker reported being struck by a motor vehicle while traveling on his bicycle causing him to be thrown five feet landing on the left side of his body sustaining multiple injuries. The injured worker was diagnosed as having prior thoracolumbar fusion, disc herniation from lumbar four through sacral one, and a compression fracture with lumbar retropulsion. Treatment and diagnostic studies to date has included use of a cane, above noted procedure, home exercise program, use of back brace, and medication regimen. In a progress note dated 06/02/2015 the treating physician reports constant pain to the thoracic and lumbar spine with the pain radiating to the bilateral lower extremities with ankle weakness. Examination reveals a slow ambulation, diminished sensation to the right lumbar five to sacral one level, limited strength secondary to pain, and lumbar spine tenderness to the paravertebral muscles. The injured worker's pain is rated an 8 out of 10 to the thoracic spine and a 9 out 10 to the lumbar spine. The treating physician requested an interlaminar epidural steroid injection at lumbar five to sacral one and follow up office visit after the injection along with a request for a walker with a seat, but the documentation provided did not indicate the specific reasons for the requested treatment and equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Walker with seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medicare National Coverage Determinations Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Foot sections, under Walking Aids.

Decision rationale: This claimant was injured in 2013 in a motor vehicle being thrown five feet from his bicycle. The injured worker was diagnosed as having prior thoracolumbar fusion, disc herniation from lumbar four through sacral one, and a compression fracture with lumbar retropulsion. Treatment and diagnostic studies to date has included use of a cane, above noted procedure, home exercise program, use of back brace, and medication regimen. As of 6/02/2015 the treating physician reports constant pain to the thoracic and lumbar spine with the pain radiating to the bilateral lower extremities with ankle weakness. Examination reveals a slow ambulation, diminished sensation to the right lumbar five to sacral one level. No MRI demonstrating disc herniation and dermatomal neurologic findings are noted. The MTUS is silent in regards to a walker with a seat. Regarding walking aids, the ODG notes in the Knee and Ankle sections: Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003). In this case, the claimant already has a cane, and the need for a walking aid with a seat is not clear. The status of disability, pain and age-related impairment is not fully expounded on to support the request. The request is not medically necessary.

Office visit: Upheld

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

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, Office visits.

Decision rationale: As shared, this claimant was injured in 2013 in a motor vehicle being thrown five feet from his bicycle. The injured worker was diagnosed as having prior thoracolumbar fusion, disc herniation from lumbar four through sacral one, and a compression fracture with lumbar retropulsion. Treatment and diagnostic studies to date has included use of a cane, above noted procedure, home exercise program, use of back brace, and medication regimen. As of 6/02/2015 the treating physician reports constant pain to the thoracic and lumbar spine with the pain radiating to the bilateral lower extremities with ankle weakness. Examination reveals a slow ambulation, diminished sensation to the right lumbar five to sacral one level. No MRI demonstrating disc herniation and dermatomal neurologic findings are noted. Regarding office visits, the MTUS again is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the

patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. The request is not medically necessary.

Follow-up visit after injections: Upheld

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

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, Office visits.

Decision rationale: As noted previously, this claimant was injured in 2013 in a motor vehicle being thrown five feet from his bicycle. The injured worker was diagnosed as having prior thoracolumbar fusion, disc herniation from lumbar four through sacral one, and a compression fracture with lumbar retropulsion. Treatment and diagnostic studies to date has included use of a cane, above noted procedure, home exercise program, use of back brace, and medication regimen. As of 6/02/2015 the treating physician reports constant pain to the thoracic and lumbar spine with the pain radiating to the bilateral lower extremities with ankle weakness. Examination reveals a slow ambulation, diminished sensation to the right lumbar five to sacral one level. No MRI demonstrating disc herniation and dermatomal neurologic findings are noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. In this case, the epidural steroid injection was not approved [see below]. Therefore, the need for a follow up office visit after the epidural injection is not established. The request is not medically necessary.

Interlaminar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: This claimant was injured in 2013 in a motor vehicle being thrown five feet from his bicycle. The injured worker was diagnosed as having prior thoracolumbar fusion, disc herniation from lumbar four through sacral one, and a compression fracture with lumbar retropulsion. Treatment and diagnostic studies to date has included use of a cane, above noted procedure, home exercise program, use of back brace, and medication regimen. As of 6/02/2015

the treating physician reports constant pain to the thoracic and lumbar spine with the pain radiating to the bilateral lower extremities with ankle weakness. Examination reveals a slow ambulation, diminished sensation to the right lumbar five to sacral one level. No MRI demonstrating disc herniation and dermatomal neurologic findings are noted. Still, the request is for an ESI. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request is not medically necessary.