

Case Number:	CM15-0068361		
Date Assigned:	04/21/2015	Date of Injury:	08/14/2003
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old male, with a reported date of injury of 08/14/2003. The diagnoses include low back pain, lumbosacral neuritis, and lumbar disc displacement of the right L5-S1. Treatments to date have included oral medications and an MRI of the lumbar spine. The progress report dated 02/27/2015 indicates that the injured worker reported a recent increase in his low back pain, radiating to the right leg. He continued to have pain in the shoulder and neck. The current pain level was rated 6-7 out of 10 for the low back, and 5 out of 10 for the neck and shoulder. The physical examination showed improved range of motion of the lumbosacral spine in all places, pain with forward flexion of the lumbar spine, moderate tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms and positive bilateral straight leg raise test. The treating physician requested a walker for the lumbar spine for ambulation and a right L5-S1 transforaminal epidural steroid injection due to the recurrence of radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker for the Lumbar Spine: 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), Treatment Index, 11th Edition (web), 2014, Knee and Leg Chapter, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Regarding the request for the purchase of a walker, Official Disability Guidelines state that assistive devices are recommended to assist with ambulation for patients with arthritis. Within the documentation available for review, there is no indication that the patient is having difficulty walking, and would be unable to utilize a cane to maintain safety with ambulation. As such, the currently requested walker is not medically necessary.

Right L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopic Guide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Right L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopic Guide, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no imaging or electro diagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested Right L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopic Guide is not medically necessary.