

Case Number:	CM13-0017402		
Date Assigned:	12/27/2013	Date of Injury:	09/28/1998
Decision Date:	08/26/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 and is licensed to practice in Texas and Ohio. 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 is a 64-year-old male with a reported date of injury of 09/28/1998. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical and lumbar sprain/strain associated with spasm and radicular symptoms and cervicogenic headaches. His previous treatments were noted to include medications and a heating pad. The progress note dated 07/10/2013 revealed the injured worker complained of increased pain in his neck and back and headaches. The injured worker revealed after approximately 10 minutes of walking or standing in front of the sink, he had low back spasms and leg cramps. The injured worker complained of intense pain and spasming in the left thoracolumbar paraspinal region. The physical examination revealed restricted movement in all directions and spasming was noted in the thoracolumbar region. The straight leg raise testing was positive bilaterally and deep tendon reflexes were symmetric. The request for authorization form was not submitted within the medical records. The request was for a pain management for possible epidural steroid injection and home health care or at least a care giver on a part-time basis for household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for possible ESI (epidural Steroid Injection): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS;ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a pain management for possible epidural steroid injection is non-certified. The injured worker complained of increasing pain and decreased functional status. The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. The injured worker has significant pain, which cannot be addressed by the neurologist. The injured worker's pain may need to be addressed by invasive procedures which the neurologist may not have the skills to perform. However, the treatment of the epidural steroid injection would be made by the pain management doctor after the consultation, and therefore, is not appropriate at this time. As such, the request is non-certified.

Home Health Care, or at least a care giver on a part time basis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (updated 06/07/13), Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The request for home health care, or at least a care giver on a part time basis is non-certified. The injured worker's condition has been deteriorating over several years and is dependent on family members to perform household chores. The California Chronic Pain Medical Treatment guidelines recommend home health services only for medical treatment for patient who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Therefore due to the lack of medical treatment needed as well as lack of documentation regarding the injured worker being homebound, the guidelines do not recommend home health services at this time. As such, the request is non-certified.

