MAXIMUS Federal Services

Case Number:	CM13-0055188		
Date Assigned:	05/09/2014	Date of Injury:	01/25/2001
Decision Date:	06/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 Illinois. 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 51-year-old female who reported an injury on 01/25/2001 secondary to an unknown mechanism of injury. An MRI of the lumbar spine on 11/21/201, revealed disc bulges at L3-4, L4-5, and L5-S1, with nerve root compromise at L4-5 and L5-S1, and an annular tear at L5-S1. The injured worker was evaluated on 09/26/2013 and reported low back pain of unknown severity radiating to the right leg in an L5 dermatome distribution to the feet. She also reported difficulty with activities of daily living to include laundry, cooking, and cleaning. She reported that her husband assisted with these activities. On physical examination, she was noted to have a mildly positive straight leg raise bilaterally, with normal strength and deep tendon reflexes. It was noted that the injured worker was treated previously with epidural steroid injections with the last injection taking place in 2009. She was also participating in a home exercise program as of 07/25/2013. Medications on that date were noted to include Zanaflex, Norco, and Myoflex. The evaluation on that date noted that the injured worker was driving herself to appointments. A request for authorization was submitted on 09/26/2013 for epidural steroid injections of L4-5 and L5-S1 and home health care assistance three (3) hours per day, seven (7) days per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION OF L4-5 THROUGH L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines state that the injured worker should be initially unresponsive to conservative treatment, such as exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The medical records submitted for review fail to indicate that the injured worker has been unresponsive to conservative treatment. There is a lack of physical exam findings consistent with radiculopathy. As of the most recent evaluation, there is no documentation of pain severity, quantified or objective efficacy of medications, or efficacy of the injured worker's participation in home exercise. The medical records also state that the injured worker has been treated with epidural steroid injections in the past. However, there is a lack of documented evidence of quantifiable pain relief and duration following those injections. Furthermore, the guidelines state that injections should be performed using fluoroscopy (live x-ray) for guidance. The request as writted does not specify that the request procedure will include the use of fluoroscopy. As such, the request for epidural streroid injections of L4-5 through L5-S1 is non-certified.

HOME HEALTH CARE ASSISTANCE 3 HOURS PER DAY 7 DAYS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The Chronic Pain Guidelines recommend home health services for injured workers who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. It was noted that the injured worker drove herself to an appointment. Therefore, the injured worker is not homebound. The injured worker reported difficulty with activities of daily living to include laundry, cooking, and cleaning. She reported that her husband assisted with these activities. The request for authorization for home health services specifies that the requested assistance would be for the activities her husband is currently performing. The guidelines state that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Therefore, the home health care assistance requested does not qualify as medical treatment. As such, the request for home health care assistance three (3) hours per day, seven (7) days per week is non-certified.