

Case Number:	CM14-0010826		
Date Assigned:	02/21/2014	Date of Injury:	12/31/1998
Decision Date:	08/06/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 69-year-old female who has submitted a claim for severe multi-factorial chronic pain syndrome, complex regional pain syndrome, lumbar sprain/strain, lumbar disc disease, cervical sprain/strain, cervical disc disease, fibromyalgia, and situational depression; associated with an industrial injury date of 12/31/1998. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain radiating to the lower extremities. Physical examination showed tenderness throughout the upper and lower back. Range of motion was limited. Hypersensitivity with manipulation was noted in the bilateral upper and lower extremities. Straight leg raise and facet loading tests were positive bilaterally. Treatment to date has included medications, physical therapy, epidural steroid injection, and trigger point injections. Utilization review, dated 01/06/2014, denied the request for home health care because there was no documentation that patient requires medical treatment and that patient was home-bound on a part-time or intermittent basis; denied the request for epidural steroid injection because there was no documentation of the level(s) of injection requested for, objective radicular findings, and imaging findings at each of the requested levels; and denied the retrospective request for trigger point injections because there was no documented circumscribed trigger points with twitch response upon palpation as well as referred pain, no documented radiculopathy, and no more than 3-4 injections per session is allowed. An appeal was made on 01/16/2014, and the request for retrospective request for trigger point injections was given modified certification to comply with guideline recommendations of no more than 3-4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE- FOUR HOURS PER DAY, FIVE DAYS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICE Page(s): 51. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 51, states that home health services are recommended only for otherwise recommended medical treatment for patients 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, home health aide (HHA) was prescribed because patient is unable to perform ADLs such as cooking, cleaning, and general house care. However, there was no record of any evaluation report that would show evidence of the need for continued home health aid. Progress notes also failed to document findings that would substantiate that the patient is truly homebound. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Lastly, the present request as submitted failed to specify the duration of home health aide to be provided. Therefore, the request for home health care- four hours per day, five days per week is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION, WITH INTRAVENOUS SEDATION, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and physical therapy. The patient has had one previous ESI on 09/13/2013. However, medical records submitted for review failed to show percent and duration of pain relief, as well as evidence of functional improvement or reduction of medication

intake derived from it. Moreover, there were no imaging or electrodiagnostic studies provided for review to support physical examination findings of radiculopathy. Lastly, the present request as submitted failed to specify the level and laterality of the intended procedure. The criteria for ESI have not been met. Therefore, the request for lumbar epidural steroid injection, with intravenous sedation, lumbar spine is not medically necessary.

LUMBOSACRAL ULTRASOUND GUIDED TRIGGER POINT INJECTIONS, TIMES TEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; radiculopathy is not present; not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, the patient complains of chronic low back pain of more than three months duration. However, the physical examination findings showed signs of radicular pain, and failed to demonstrate trigger points with positive twitch response. Moreover, there was no documented duration and percent of pain relief from previous injections, and interval from previous injection is less than two months. Furthermore, there was no discussion regarding failed trials of medical management, and guidelines do not recommend more than 3-4 injections per session. The criteria have not been met. Therefore, the request for lumbosacral ultrasound guided trigger point injections, times ten is not medically necessary.