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| Case Number: | CM14-0111141 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 09/20/2001 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 9/20/01 date of injury. At the time (7/8/14) of Decision for 20 Caretaker Visits for 6hrs/day to include Cleaning, cooking, Bathing; and 1 Bilateral C5-7Epidural Injection, there is documentation of subjective (radiating neck pain and radiating low back pain) and objective (tenderness to palpitation over the cervical spine paravertebral muscles, positive L hermitte sign, decreased cervical spine range of motion, and decreased shoulders range of motion) findings, imaging findings (Reported MRI of the cervical spine (4/30/13) revealed C6-7 degenerative disc/osteophyte associated with moderate canal stenosis, moderate to severe left and mild to moderate right C6-7 foraminal stenosis, C5-6 degenerative disc/osteophyte associated with moderate canal stenosis, and C4-5 degenerative disc/osteophyte associated with mild canal stenosis; report not available for review), current diagnoses (cervical spine degenerative disc disease and musculoligamentous sprain with cord compression and spinal stenosis at C5-6 and C6-7), and treatment to date (medications). Regarding caretaker visits, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Regarding Epidural injection, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, an imaging report, and failure of additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Caretaker Visits for 6hrs/day to include Cleaning, Cooking, Bathing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Custodial Care Patient Selection Criteria

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of cervical spine degenerative disc disease and musculoligamentous sprain with cord compression and spinal stenosis at C5-6 and C6-7. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for 20 Caretaker Visits for 6hrs/day to include Cleaning, Cooking, Bathing is not medically necessary.

1 Bilateral C5-7Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: The MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, Myelography, or CT Myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review,

there is documentation of diagnoses of cervical spine degenerative disc disease and musculoligamentous sprain with cord compression and spinal stenosis at C5-6 and C6-7. In addition, there is documentation of failure of conservative treatment (medications). However, despite nonspecific documentation of subjective findings (radiating neck pain), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Furthermore, despite the medical reports' reported imaging findings (MRI cervical spine identifying C6-7 degenerative disc/osteophyte associated with moderate canal stenosis, moderate to severe left and mild to moderate right C6-7 foraminal stenosis, C5-6 degenerative disc/osteophyte associated with moderate canal stenosis, and C4-5 degenerative disc/osteophyte associated with mild canal stenosis), there is no documentation of an imaging report. Lastly, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for 1 Bilateral C5-7 Epidural Injection is not medically necessary.