MAXIMUS Federal Services

Case Number:	CM14-0070538		
Date Assigned:	07/14/2014	Date of Injury:	12/19/1997
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family 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:

This is a 68 year old female patient who reported an industrial injury on 12/19/1997, almost 17 years ago, attributed to the performance of her regular job tasks. The patient complains of chronic neck and low back pain. The patient is being treated for a cervical radiculopathy and a lumbar radiculopathy. The patient complains that she has back pain radiating to the grind. The patient previously completed a L2-L3 bilateral transforaminal epidural steroid injections on 3/21/2014 and reportedly received 80% relief of pain. The pain is noted to have returned. The patient completed a cervical epidural steroid injection on 2/26/2014 and reported greater than 70% relief from that injection. The patient reportedly attempted using a LSO brace to maintain an upright posture however, it did not help. The patient complains of neck pain that radiates to the bilateral upper extremities. The objective findings on examination included ambulates with a cane; positive SLR bilaterally; cervical spine range of motion diminished; pain radiating to a C6 distribution on the left; no focal motor weakness. The treatment plan included a repeated bilateral L2-L3 transforaminal epidural steroid injection; a C6-C7 epidural steroid injection; a CTO brace; and eight home health assistance visits three hours per visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3 transforaminal epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 179-180,Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI.

Decision rationale: The criteria required by the CA MTUS for the provision of a lumbar ESI were not documented. The patient is being treated for a date of injury of over 17 years ago. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or Electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain without radiation to the lower extremity. The requested ESI is directed to lumbar spine DDD. There is no documented rehabilitation effort. The patient was noted to have had a prior L2-L3 lumbar spine ESI with 80% pain relief; however, there is no documentation of the same pain relief over a period of six weeks. There is no demonstrated medical necessity for a repeated L2-L3 bilateral ESI.The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than 4 blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session.Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity.The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues.

1 C6-C7 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 179-180; 174-175,Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section neck and upper back chapter epidural steroid injections.

Decision rationale: The request for the cervical spine ESI is inconsistent with the recommendations of evidence-based guidelines, as the patient is not documented to have objective findings consistent with a nerve impingement radiculopathy. The MRI of the cervical spine demonstrated only cervical spine DDD. There are no recommendations for a cervical ESI as for degenerative disc disease. The MRI of the cervical spine does not demonstrate a nerve impingement radiculopathy. There is no Electrodiagnostic evidence of a progressive radiculopathy. The patient received a prior cervical spine ESI to C6-C7 with reported 50% pain relief; however, there was no demonstrated pain relief over a period of six weeks. There is no demonstrated medical necessity for a second cervical spine ESI. The patient is being treated for lumbar spine DDD 17 years after the date of injury.There was no objective evidence provided by the requesting provider to support the medical necessity of the requested cervical epidural injection for the treatment of chronic neck and UE pain or the stated subjective radiculopathy. There were no documented objective findings consistent with a radiculopathy on physical examination as the neurological status of the patient was intact. The patient was not reported to have documented specific neurological deficits over a dermatome distribution. The patient does not meet the criteria recommended by the CA MTUS for cervical ESIs as the treatment is directed to cervical spine for DDD. The use of cervical ESIs for chronic cervical pain or for cervical spine DDD is not recommended by evidence based guidelines. There is no impending surgical intervention being contemplated and the patient has requested conservative treatment. The patient is noted to be 4 years status post date of injury with no contemplated surgical intervention for the cervical spine.The provider did not provide sufficient clinical documentation in the form of subjective/ objective findings on physical examination to support the medical necessity of the prescribed Cervical ESIs in relation to the reported industrial injury. The ACOEM Guidelines state that Cervical ESIs are of "uncertain benefit" and should be reserved for those patients attempting to avoid surgical intervention to the cervical spine. The Official Disability Guidelines state that there is insufficient evidence to treat cervical radiculopathy pain with ESIs. There is no objective evidence provided to support the medical necessity of the requested cervical ESI.The American Academy of Neurology states that there is insufficient objective evidence to recommend Cervical ESIs for the treatment of cervical radiculopathies. The CA MTUS and the Official Disability Guidelines recommend that a cervical radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order to consider an ESI. The objective findings on physical examination did not demonstrate a cervical radiculopathy or any ongoing neurological deficits with any specificity over the global dermatological areas. There were no demonstrated neurological deficits such as sensory or motor loss over a dermatomal distribution. There was only documentation of a possible subjective radiculopathy to the RUE as there were no definite progressive neurological deficits documented. The provided clinical documentation with the stated objective findings on physical examination do not meet the criteria recommended by the ACOEM Guidelines or the CA MTUS for the use of cervical ESIs. The documentation and

objective evidence submitted does not meet the threshold recommended by the CA MTUS for the provision of a cervical ESI for the treatment of a cervical radiculopathy. The CA MTUS and the Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two cervical diagnostic ESIs and a limited number of therapeutic cervical ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 30% relief from the prior appropriately placed ESI. The therapeutic cervical ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than 4 blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulpous, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity.The provided clinical evidence from the literature all suggests that ESIs are alternatives for surgical intervention and for the treatment of lumbar radiculopathy. They all agree that the beneficial results are transitory and short-term. None of the cases provided in literature listings addresses the long-term continued use of this treatment modality when radicular signs are unsupported by clinical imaging or Electrodiagnostic studies. There is no demonstrated medical necessity for the requested repeated cervical spine ESI.

1 cervical thoracic orthosis brace (through [redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--collars; exercise.

Decision rationale: The patient was reported to have failed to improve from a previous a prescribed LSO. As a result the patient was prescribed a CTO with no real rationale to support medical necessity other than to improve posture The CTO prescribed to the patient was not supported with a rationale by the provider and was not supported with objective evidence. There was no demonstrated medical necessity for the CTO, as the patient was not demonstrated to be post-operative or meet the recommended criteria for a CTO.The ACOEM Guidelines do not recommend the use of the CTO for a cervical strains or nerve impingement radiculopathies. There are no objective findings documented by the requesting provider to support the medical necessity of the prescribed CTO. There is no rationale by the provider to support the medical necessity of the CTO 17 years after the date of injury. The use of the CTO is a passive treatment that does not allow for the active rehabilitation of the neck and the supportive musculature. Immobilization for the treatment of neck pain is not recommended in all cases of neck strains or cervical radiculopathy. The use of a cervical collar for the diagnosis of chronic cervical spine

pain is not recommended by evidence-based guidelines in favor of a more active rehabilitation effort.

8 home health assistance (3 hours per visit) (through [redacted]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 91,Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Medicare guidelines--Centers for Medicare & Medicare Services (CMS). Medicare and Home Health Care. 2004.

Decision rationale: The patient was not documented to have met the criteria recommended for the authorization of home healthcare. The patient was documented to have chronic neck and back pain along with upper extremity pain however had the ability to walk without a Walker and have functional range of motion. The patient was documented to ambulate with a cane. The provision of home healthcare is for patients who are homebound. The California MTUS recommend home healthcare 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 even by home health aides like bathing, dressing, and using the bathroom when this is the only care required. The patient is not documented with the criteria recommended by evidence-based guidelines for the provision of home health services due to the reported chronic pain issues. There is no medical necessity for home healthcare services for eight sessions three hours apiece. The provider did not provide a rationale to support the medical necessity of the requested service. There is no documentation of a disability to the extent where the patient qualifies for home health care for chronic pain issues. There is no objective evidence to support the medical necessity of a home health care on an industrial basis due to the diagnoses or the objective findings on examination. The treating physician has not provided any clinical documentation to support the medical necessity of the requested 8 sessions x 3 hours of home healthcare services for this patient directed to the effects of the industrial injury. The request for 8 sessions three hours apiece of home health services for the treatment of the effects of the industrial injury is not demonstrated to be medically necessary.