MAXIMUS Federal Services

Case Number:	CM15-0193517		
Date Assigned:	10/07/2015	Date of Injury:	07/12/2005
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68 year old female, who sustained an industrial injury on 7-12-05. She reported low back pain and right knee pain. The injured worker was diagnosed as having right shoulder stiffness with rotator cuff tendinitis. Treatment to date has included a right shoulder injection, right knee replacement in 2007, physical therapy, acupuncture, and medication including Norco, Flexeril, and Neurontin. Physical examination findings on 7-7-15 included tenderness to palpation throughout the lower lumbar area. Range of motion included forward bending to 80 degrees, extension to 10 degrees, lateral bend to the left to 10 degrees, and lateral bending to the right to 10 degrees. A straight leg raise test was positive bilaterally. A MRI of the lumbar spine obtained on 5-29-15 revealed degenerative disc disease and facet arthropathy with retrolisthesis at L3-4 and L5-S1, L3-4 canal stenosis, and canal stenosis with neural foraminal narrowing at L4-5. On 7-7-15, the treating physician noted, "she has significant difficulty with most activities of daily living. She indicated that she does do light housekeeping and goes to the grocery store." On 8-24-15, the injured worker complained of right knee and bilateral shoulder pain rated as 4 of 10. The treating physician requested authorization for L4-5 transforaminal epidural steroid injections on the right, household assistance 4 hours per week, and an internal medicine and pain psychology-psychiatric consultation. On 9-11-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Side At L4 And L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, without evidence of radiculopathy on recent physical exam (QME), there is insufficient current support for the request, and therefore, the request for epidural steroid injection is not medically necessary at this time.

Household Assistance at 4 Hrs/Week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an "intermittent" basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. Unfortunately, activities of daily living in the absence of further medical treatment requirements in the home are specifically addressed by the MTUS guidelines as inadequate reasons for recommending home health assistance. Therefore, the request in this case is not medically necessary.

Internal Medicine and Pain Psychology/Psychiatric Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario, which is difficult to treat. Given the multiple body areas involved in chronic pain and treatment with multiple providers and apparently worsening mental health status, it is reasonable to seek assistance from a psychiatrist, specifically if medications are a consideration. Given the complexity of the patient's history, consultation with a psychiatrist is appropriate to ensure adequate oversight, risk assessment, and patient safety. However, it is unclear as to what added value additional internal medicine consultation would provide in this case. Therefore, because the requests for psychiatry and medicine are tied to a single request, overall, the single request for both consults is not medically necessary.