

<b>Case Number:</b>	CM15-0197655		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/20/1981
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 76 year old female, who sustained an industrial injury on 4-20-81. The injured worker is diagnosed with spinal stenosis, lumbosacral degenerative disc disease and neurogenic claudication. Notes dated 8-3-15 - 8-28-15 reveals the injured worker presented with complaints of constant low back pain that radiates to her legs down to her feet (left greater than right) accompanied by numbness and tingling in her legs bilaterally. Her pain is rated at 7-9 out of 10. She reports difficulty engaging in activities of daily living such as; cleaning, cooking and personal hygiene-care. Physical examinations dated 8-3-15 - 8-25-15 revealed an abnormal gait, decreased "lumbar lordosis", marked lumbar pain with multiple areas of "trigger point tenderness over the gluteal areas", significant muscle spasm, and decreased bilateral hip range of motion due to lumbar spine pain. Treatment to date has included medications, physical therapy and activity modifications, which have not been efficacious per note dated 8-3-15 and lumbar epidural steroid injection (the therapeutic response was not included). A lumbar spine MRI (2-28-15) revealed multilevel degenerative change in moderate central spinal stenosis at L4-L5 and T12-L1 with severe right T12-L1 neural foraminal narrowing and mild central spinal stenosis at L2-L3 and L4-L5 with mild to moderate neural foraminal narrowing, per physician note dated 8-25-15. A request for authorization dated 9-2-15 for home safety evaluation and lumbar epidural steroid injection is non-certified, per Utilization Review letter dated 9-10-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home safety evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 59.

**Decision rationale:** 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, the request for a safety evaluation for medical necessity was not elaborated. The safety evaluation is not particularly addressed by the guidelines. Specific areas of concern were not substantiated. The request for home safety evaluation is not medically necessary.

**Lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** According to the guidelines, ESI is recommended for those with radiculopathy on exam and imaging. In this case, the claimant did not have signs of radiculopathy. Imaging indicated neural foraminal narrowing but not impingement and chronic changed. The level of the ESI was not specified. The request is not medically necessary.