

Case Number:	CM15-0210066		
Date Assigned:	10/29/2015	Date of Injury:	03/23/2006
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 03-23-2006. The injured worker is currently temporarily partially disabled and able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for cervical sprain-strain, cervical stenosis status post cervical spine surgeries, right shoulder sprain-strain, right upper extremity myofascial pain, lumbar sprain-strain, temporomandibular joint syndrome, chronic pain syndrome, and major depressive disorder. Treatment and diagnostics to date has included cervical spine surgery, acupuncture, physical therapy, 10 epidural injections (per 09-04-2015 progress note), Botox injections, cognitive behavioral therapy, and medications. Recent medications have included Relafen, Tramadol, Celebrex, and Doxepin. Subjective data (07-27-2015 and 09-04-2015), included neck, back, and right shoulder pain rated 9 out of 10 with an average pain level of 8 out of 10. Objective findings (09-04-2015) included diffuse tenderness with spasm over the right anterior neck muscles with decreased and painful range of motion and diffuse tenderness to back with decreased and painful range of motion. The request for authorization dated 09-23-2015 requested acupuncture, lumbar epidural steroid injection to left L5-S1, Celebrex, in-home care one day a month, and cognitive behavioral therapy. The Utilization Review with a decision date of 10-04-2015 non-certified the request for unknown home health care one day a month and left L5-S1 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home health care one day a month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

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

Decision rationale: The 52 year old patient complains of neck, lower back, and right shoulder pain, rated at 8/10, as per progress report dated 09/04/15. The request is for unknown home health care one day a month. The RFA for this case is dated 09/23/15, and the patient's date of injury is 03/23/06. The patient is status post three cervical fusions, and status post right shoulder and collarbone surgery, as per progress report dated 09/04/15. Diagnoses also included cervical sprain/strain, right shoulder sprain/strain and tendinitis, cervical stenosis, right upper extremity myofascial pain with elbow epicondylitis and possible carpal tunnel syndrome, lumbar sprain/strain with myofascial pain, TMJ syndrome, chronic pain syndrome, and depressive disorder. Medications included Relafen, Tramadol, and Doxepin. The patient has been allowed to return to modified work, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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, a request for home health care is noted in progress report dated 09/04/15. The treater states that the patient "is having difficulties with activities at home and being able to due [do] self-care and housekeeping because of her ongoing chronic pain." The patient is, therefore, seeking in-home care once a month. The patient has been allowed to return to modified work, as per the same report. This indicates reasonably good function. It is unclear why the patient cannot perform household chores. Additionally, the request does not include the duration or the number of weeks for which the assistance is required. MTUS does not support such open-ended requests. Furthermore, MTUS, does not consider homemaker services such as housekeeping as medical treatments. Hence, the request is not medically necessary.

Left L5-S1 lumbar 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

Decision rationale: The 52 year old patient complains of neck, lower back, and right shoulder pain, rated at 8/10, as per progress report dated 09/04/15. The request is for unknown home health care one day a month. The RFA for this case is dated 09/23/15, and the patient's date of injury is 03/23/06. The patient is status post three cervical fusions, and status post right shoulder and collarbone surgery, as per progress report dated 09/04/15. Diagnoses also included cervical sprain/strain, right shoulder sprain/strain and tendinitis, cervical stenosis, right upper extremity myofascial pain with elbow epicondylitis and possible carpal tunnel syndrome, lumbar sprain/strain with myofascial pain, TMJ syndrome, chronic pain syndrome, and depressive disorder. Medications included Relafen, Tramadol, and Doxepin. The patient has been allowed to return to modified work, as per the same report. The MTUS Chronic Pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section, page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient has had 10 epidural injections, as per progress report dated 09/04/15. The reports do not mention the levels and the exact time-frames of all these injections. AME report dated 08/29/15, reveals that the patient received L5-S1 ESI on 04/28/11 and 08/19/10. As per progress report dated 09/04/15, the patient has worsening left lumbar radiculopathy and "she has had epidural steroid injections with improvements in the past." A request for epidural steroid injection is noted in progress report dated 07/07/15 as well. In pain management report dated 05/13/15, the treater is requesting for caudal epidural steroid injection and states that the patient "has benefited significantly from epidural steroid injections in the past with greater than 60% relief over 2 months." The treater also indicates that the patient requests for this procedure "each time." The reports, however, do not document the impact of prior epidural injections on the patient's function and medication use. MTUS requires documentation of "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks" for repeat injections. Hence, the request is not medically necessary.