

<b>Case Number:</b>	CM14-0177229		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/05/2005
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational 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:

Patient is a 42 year-old female with date of injury 11/05/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/15/2014, list subjective complaints as chronic low back pain. Patient underwent a lumbar epidural steroid injection on 01/31/2014 and reported positive results that have since faded. Objective findings: Physical examination was very limited. Straight leg raising maneuver was positive on the right and elicited pain down the right lower extremity. Diagnosis 1. Recalcitrant intractable chronic pain related to fibromyalgia. 2. Right L5 radiculopathy secondary to degenerative disc disease of the lumbar spine 3. Extremely poor residual functional capacity due to sub optimally managed fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right L5 transforaminal selective epidural steroid injection with monitored sedation:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. The medical record documents clear radiculopathy in the right lower extremity and the patient had undergone a previous lumbar epidural steroid injection with excellent relief of her pain. The exact duration of improvement is not listed in the record, but the language of the note suggests that the relief lasted for several months. I am reversing the previous utilization review decision. Right L5 transforaminal selective epidural steroid injection with monitored sedation is medically necessary.

**1 home health assistance for 56 hours per week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Assistance/Custodial Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.