

Case Number:	CM15-0067617		
Date Assigned:	04/15/2015	Date of Injury:	06/24/2008
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Illinois

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 56 year old male who sustained an industrial injury on 6/24/2008. His diagnose include: cervical fusion surgeries with residual chronic pain; lumbar radiculopathy, facet arthropathy and multi-level disc degeneration (lumbosacral); thoracic disc disease with degenerative arthritis and myofascial pain syndrome; and erectile dysfunction, chronic insomnia and depression. No current magnetic resonance imaging studies are noted. His treatments have included cervical spinal fusion surgery (2012); effective injection therapy; and medication management. The progress notes from 3/5/2015, note radiating neck pain into the bilateral upper extremities, right > left, mid-back pain, radiating low back pain into the bilateral lower extremities, and continued severe pain all over. He stated some relief from pain with his current medication regimen, and that increased activities increase his pain. The progress notes of 3/10/2015, notes increasing symptomatology and neurological symptomatology, with worsening radiculopathy, decreased sensation, and left foot drop. The physician's requests for treatments included bilateral lumbar epidural steroid injections for which he felt the injured worker would benefit greatly from, as he has done so in the past; physical therapy for the lumbar spine; and paid home health care from his wife.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural injections at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 6/24/2008. The medical records provided indicate the diagnosis of cervical fusion surgeries with residual chronic pain; lumbar radiculopathy, facet arthropathy and multi-level disc degeneration (lumbosacral); thoracic disc disease with degenerative arthritis and myofascial pain syndrome; and erectile dysfunction, chronic insomnia and depression. No current magnetic resonance imaging studies are noted. His treatments have included cervical spinal fusion surgery (2012); epidural injections; and medication management. The medical records provided for review do not indicate a medical necessity for Bilateral lumbar epidural injections at L4-L5. The medical records indicate a previous EMG/NCV was positive for acute multilevel Radiculopathy; currently the injured worker has foot drop, lower extremity sensory loss, and positive straight leg. The injured worker had a significant improvement with previous epidural steroid blocks. Based on the physical evidence of lower extremity radiculopathy, a repeat EMG/NCV is not recommended at this time: the MTUS recommends against electrodiagnostic studies if radiculopathy is obvious from the physical examination or imaging. Besides, previous EMG/NCV was positive for radiculopathy. Nevertheless, Epidural steroid injection is not medically necessary because, though the injured worker stated that for the first time out of the many previous epidural injections he has had, the injection of in 04/17/2014 decreased his pain; however, neither the worker's report or nor that of his doctor specified the percentage pain reduction, and the duration of pain relief. The MTUS guidelines for epidural injections include: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic (EMG/NCV) testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. 3. 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.

Physical therapy for the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 6/24/2008. The medical records provided indicate the diagnosis of cervical fusion surgeries with residual chronic

pain; lumbar radiculopathy, facet arthropathy and multi-level disc degeneration (lumbosacral); thoracic disc disease with degenerative arthritis and myofascial pain syndrome; and erectile dysfunction, chronic insomnia and depression. No current magnetic resonance imaging studies are noted. His treatments have included cervical spinal fusion surgery (2012); epidural injections; and medication management. The medical records provided for review do not indicate a medical necessity for Physical therapy for the lumbar spine 2 times a week for 6 weeks. The MTUS Chronic Pain Guidelines states that the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), for a maximum of 10, plus active self-directed home Physical Medicine. Therefore, the requested treatment exceeds the allowable Number. Also, the epidural steroid injection it was supposed to be used with had been determined not to be medically necessary.

Home health care from his wife 3 hours a day for 3 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 83, Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The injured worker sustained a work related injury on 6/24/2008. The medical records provided indicate the diagnosis of cervical fusion surgeries with residual chronic pain; lumbar radiculopathy, facet arthropathy and multi-level disc degeneration (lumbosacral); thoracic disc disease with degenerative arthritis and myofascial pain syndrome; and erectile dysfunction, chronic insomnia and depression. No current magnetic resonance imaging studies are noted. His treatments have included cervical spinal fusion surgery (2012); epidural injections; and medication management. The medical records provided for review do not indicate a medical necessity for Home health care from his wife 3 hours a day for 3 days a week. The MTUS states, "home health care is only recommended 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." Although the medical records indicate the injured worker depends on his wife and sometimes daughter, for most of his activities of daily living, home health care is only recommended for medical treatment of a patient who is home-bound.