

Case Number:	CM15-0070155		
Date Assigned:	04/17/2015	Date of Injury:	04/17/2014
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 56 year old female, who sustained an industrial injury on 4/17/14. She reported low back pain with radiation to buttocks and lower extremities. The injured worker was diagnosed as having degenerative disc disease of lumbar spine and lumbar radiculopathy. Treatment to date has included chiropractic treatment, oral medications including steroids and Tylenol and physical therapy. Currently, the injured worker complains of low back pain. Physical exam noted pain on palpation to the paralumbar aspect of L4-S1, limited lumbar range of motion and decreased sensation of lateral aspect of bilateral calves. The treatment plan included a request for home aide and epidural steroidal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection unspecified side at L4/5 and L5/S1 under fluoroscopy (two injections): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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; 8) No more than 2 ESI injections. Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment, lumbar radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the MTUS Guidelines. The request for lumbar epidural steroid injection unspecified side at L4/5 and L5/S1 under fluoroscopy (two injections) is determined to not be medically necessary.

Home aide for four (4) hours a day three (3) times a week for two (2) weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound, 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. This request is for homemaker services and not for medical treatment. In this case, the purpose of the home health request is not documented and the living arrangement of the patient is not known. The request for Home aide for four (4) hours a day three (3) times a week for two (2) weeks is determined to not be medically necessary.