MAXIMUS Federal Services

Case Number:	CM15-0077295		
Date Assigned:	04/28/2015	Date of Injury:	12/19/1997
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/22/2015

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 69-year-old female, who sustained an industrial injury on December 19, 1997. The injured worker has been treated for neck and back complaints. The diagnoses have included chronic pain, cervical disc disorder with radiculopathy, lumbar spinal stenosis and post-laminectomy syndrome of the lumbar region. Treatment to date has included medications, radiological studies, acupuncture treatments, epidural steroid injections and lumbar surgery. Current documentation dated March 9, 2015 notes that the injured worker reported worsening neck pain with radiation to the shoulders and constant low back pain radiating to the bilateral lower extremities. Examination of the cervical spine revealed tenderness and a decreased range of motion. Examination of the lumbar spine revealed tenderness of the intervertebral disc spaces and a painful range of motion. A straight leg raise test was positive bilaterally. The treating physician's plan of care included a request for a cervical epidural steroid injection at cervical seven-thoracic one under MAC sedation, a transcutaneous electrical nerve stimulation unit and a home health service. There has also been a recent request for membership to a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical epidural steroid injection at C7/T1 under MAC sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation http://www.anthem.com/ medicalpolicies/guidelines/gl_pw_a050123.htm.

Decision rationale: MTUS Guidelines support a trial epidural injection if there is a well-defined radiculopathy corresponding with diagnostic studies. These conditions appear to be met to justify an epidural injection via cervical catheter. However, the medical necessity of Monitered Anesthesia Care (MAC) is not established. There is no history of extreme anxiety or intolerance to other injections. The medical necessity of MAC vs usual and customary conscious sedation is not established. The cervical epidural at C7/t1 WITH MAC sedation is not medically necessary.

1 TENS Unit: 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 Transcutaneous Electrotherapy Page(s): 113-115.

Decision rationale: Due to the uncertain long-term value of TENS units the MTUS Guidelines have very specific criteria to justify longer-term use. Prior to purchase of such a unit, the Guidelines recommend a 1-month rental and trial of such a unit. Only if there is careful documentation of use, benefit for pain and function, plus impact on medications is longer-term use recommended. There is no evidence of a one month trial prior to this request. Under these circumstances the TENS unit is not supported by Guidelines and is not medically necessary.

Unknown home health service, 4 hours per day x 3 days per week (total 12 hours per week): Upheld

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

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

Decision rationale: MTUS Guidelines does not consider home health services as medically necessary treatment unless an individual is home bound and in need of specialized medial care. This request has been made concurrent to a request for gym membership and access, which demonstrates the homebound criteria, is not met. Under these circumstances, the request for unknown home health service, 4 hours per day, 3 days per week (12 hrs wk.) is not supported by Guidelines and is not medically necessary.