

<b>Case Number:</b>	CM15-0095179		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Emergency 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 male, who sustained an industrial injury on 6/24/08. He has reported initial complaints of left sided back pain and stiffness and radiating pain down the left buttocks and left thigh after lifting a heavy box weighing 50-60 pounds. The diagnoses have included lumbar degenerative disc disease (DDD), facet arthropathy, status post multiple neurological issues, status post cervical and lumbar surgery and major depression. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, consultations, psychiatric, and home exercise program (HEP). Currently, as per the physician progress note dated 4/13/15, the injured worker complains of continued pain on and off. He is having lumbar spine symptomology and problems with the bowel and bladder. He still has incontinence and problems with hand crunches and canes. He is having a real difficult time ambulating. The physician notes that he would benefit from an injection to the lumbar spine and home assistance which can be provided by his wife. The physical exam reveals spinal exam is unchanged. He has pain with extension and rotation in the lumbar spine, weakness of the lower extremities, spasticity and decreased sensation with neurological symptomology. The urine drug screen dated 4/2/15 was consistent with the medications prescribed. There was no diagnostic reports noted in the records and there was no previous therapy sessions noted. The physician requested treatments included bilateral lumbar epidural injections at L4-5, Physical therapy lumbar spine 2 times a week for 6 weeks, and Home health care from his wife 3 hours/day 3 times a week.

## 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 L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of ESI.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. Pain has been stable with chronic pain and providers have been demanding ESI for over 6months with no documentation of any plan except to "calm things down". There is no long term plan. Fails criteria. 2) Patient had a reported LESI in the past. Last ESI was 1/17/14 with at least 1 other prior ESI done. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is no documentation of appropriate improvement with prior reported LESI. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was not documented) was completed and had no reported improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.

### **Home health care from his wife 3 hours/day 3 times a week: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35hours per week. Letter by provider dated 5/9/15 was reviewed and details services requested by this service. Letter states that patient has significant disability and limitation in function. Services requested is a mixture of medically necessary services including medication dispensing, change in catheters, placement of braces and also includes some minor "homemaker services" that is expressly forbidden by guidelines. However, the medical services provided are medically necessary and the number of hours of request is appropriate. This review believes that home health care is needed for this patient however this independent medical review does not make decisions concerning who should be contracted to perform those services. The patient, medical provider, lawyers and insurance company should decide as to whether it is appropriate for the patient's wife to provide those home health aid services or whether a home health aid should be hired to provide those services. This review also does not condone an unlimited timeline for services, however patient's function and disease is not likely to improve and services needed is likely long term. This service can and should be reviewed periodically for medical necessity. Home health care is medically necessary.