

Case Number:	CM13-0038320		
Date Assigned:	12/18/2013	Date of Injury:	02/29/2012
Decision Date:	01/29/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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:

The patient is a 44-year-old male who reported an injury on 02/29/2012. The mechanism of injury was not provided for review. As a result of the industrial industry, the patient developed disc protrusions with critical stenosis of the cervical spine, myeloradiculopathy, and myelomalacia. The patient's most recent physical examination findings included severe cervical spine pain radiating into the bilateral upper extremities. The patient had limited range of motion described as 30 degrees in flexion, 30 degrees in extension, 45 degrees in right rotation, and 35 degrees in left rotation. The patient had a positive Spurling's test bilaterally, a positive Hoffmann's test to the left, and upper extremity weakness. There were sensational disturbances over the bilateral C5-6 dermatomes. The patient's diagnoses include myelopathy, disc displacement without myelopathy, spinal stenosis in the cervical region, and cervicgia. The patient's treatment plan included cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Home Health Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back

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

Decision rationale: The clinical documentation submitted for review does provide evidence the patient will undergo anterior decompression and cervical fusion. However, the clinical documentation submitted for review does not provide any evidence of complicating factors that would limit the patient's ability to participate in basic activities of daily living. Additionally, there is no indication the patient would be considered home-bound on a part-time or intermittent basis after the surgery. Therefore, a Home Health Evaluation would not be supported. As such, the requested Home Health Evaluation is not medically necessary or appropriate.