

Case Number:	CM13-0041729		
Date Assigned:	12/20/2013	Date of Injury:	01/06/2013
Decision Date:	04/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, 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 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/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 28-year-old who sustained a work related injury on January 6, 2013. Subsequently he developed a chronic back pain. The patient was diagnosed with radiculopathy and left meralgia paresthetica. The provider requested home health nurse to manage the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE HOME HEALTH NURSE FOR FOURTEEN DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clean Copy Guidelines

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, home care is recommended only 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. The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment

requires home health aide. The request for one home health nurse for fourteen days is not medically necessary or appropriate.

TWELVE POST-OPERATIVE PHYSICAL THERAPY SESSIONS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clean Copy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31-33.

Decision rationale: There is no documentation that the patient has a functional deficit that requires more physical therapy. Furthermore, there is no documentation of the objectives and goals of the prescribed physical therapy. There is no clear justification of the length and frequency of prescribed physical therapy. The request for twelve post-operative physical therapy sessions to the lumbar spine is not medically necessary or appropriate.