

Case Number:	CM13-0063572		
Date Assigned:	12/30/2013	Date of Injury:	08/13/2001
Decision Date:	04/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/10/2013

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 Internal Medicine, Pulmonary Diseases 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 a 65-year-old female who reported an injury on 08/13/2001. The mechanism of injury was not stated. The patient is diagnosed with L1-2 degenerative disc disease with kyphosis and instability, left L2 radiculopathy, right greater trochanteric bursitis, and bilateral sacroiliac joint dysfunction. The patient was seen by [REDACTED] on 09/30/2013. The patient reported constant, severe lower back pain. Physical examination revealed an antalgic gait, mild hypersensitivity to touch over the L5 dermatome bilaterally, decreased sensation over the right L3 dermatome distribution, 5/5 motor strength in bilateral lower extremities, and negative straight leg raising. Treatment recommendations included authorization for a CT scan of the lumbar spine as well as ongoing home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care - additional 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Home health services

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

Decision rationale: The California MTUS Guidelines state home health services are 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. As per the documentation submitted, there is no indication that this patient is homebound. The medical necessity for the requested service has not been established. Additionally, the current request for home health care for 2 months in duration is excessive in nature. Therefore, the request for home health care - additional 2 months is non-certified.

CT of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page(s) 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including computed tomography for bony structure. As per the documentation submitted, the patient's physical examination only revealed an antalgic gait with decreased sensation. The patient demonstrated 5/5 motor strength in bilateral lower extremities with negative straight leg raising. There is no documentation of a significant change or a progression of the patient's symptoms or physical examination findings that would warrant the need for an imaging study. There were no plain films obtained prior to the request for a CT scan. There is also no documentation of an exhaustion of conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request for CT of lumbar spine is non-certified.