

Case Number:	CM14-0001735		
Date Assigned:	01/22/2014	Date of Injury:	09/21/2007
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, left wrist, and left calf pain reportedly associated with an industrial injury of September 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; open reduction and external fixation of distal radial fracture with subsequent removal of the external fixator; reported diagnosis with meralgia paresthetica; consultation with various providers in various specialties; and extensive periods of time off of work. In a utilization review report of December 23, 2013, medications for diabetes and dyslipidemia were certified. One neuropsychological evaluation was partially certified. Home-health services were denied. The applicant's attorney subsequently appealed. An earlier note of September 9, 2013 is notable for comments that the applicant is off of work, on total temporary disability. On December 18, 2013, the applicant is described as presenting to follow up on newly diagnosed diabetes and dyslipidemia. 4/10 low back, left leg, and left wrist pain are noted with associated numbness about the left arm. Facetogenic tenderness and limited range of motion are noted about multiple body parts. The applicant is given refills of Desyrel, Nucynta, Neurontin, Celebrex, Lyrica, and Cymbalta. It is stated that the applicant is having issues with agoraphobia and chronic pain syndrome. It is stated that the applicant would benefit from access to a psychiatrist or neurophysiologist. The applicant is placed off of work, on total temporary disability. In an earlier handwritten note, not clearly dated, it is stated that authorization for home health evaluation should be issued. No further commentary on the need for the home-health evaluation was furnished. An earlier note of October 16, 2013 is notable for comments that the applicant is having issues with depression, anxiety, agoraphobia, and chronic pain syndrome

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to [REDACTED] for psyche treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 15, page 388, if an applicant's symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated. In this case, the applicant had long-standing mental health issues, has failed to return to work, has issues with depression, anxiety, agoraphobia, etc. The applicant would benefit from specialty care and treatment with a psychiatrist. Therefore, the request for a return to [REDACTED] for psyche treatment is medically necessary and appropriate

Home Health assistance evaluation: Upheld

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 noted on page 51 of the MTUS Chronic Pain Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment for applicants who are home-bound. The medical treatment does not include homemaker services such as shopping, cleaning, laundry, personal care, etc., when this is the only care needed, the MTUS further notes. In this case, the attending provider has not clearly stated which home-health services are required. It is not clearly stated whether home-health services are being sought to deliver non-medical services to assist with activities with daily living or to deliver medical services such as IV antibiotics, IV fluid infusion, wound care, etc. Therefore, the request for a home health assistance evaluation is not medically necessary and appropriate.