

Case Number:	CM14-0002749		
Date Assigned:	01/29/2014	Date of Injury:	10/25/2010
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery 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 claimant is a 54-year-old gentleman who injured his low back on 10/25/10. The clinical records provided for review document that following a course of conservative care the claimant underwent a two level lumbar fusion at L3-4 and L4-5 on 04/27/13. The injured worker also had a past medical history of diabetic retinopathy. At the clinical follow up on 12/03/13 the claimant was noted to have continued complaints of low back pain with painful limited range of motion, but no positive neurologic findings. The radiographs describe satisfactory progression of the fusion and a CT scan was recommended for further assessment of the claimant's current lumbar complaints. Ophthalmology referral for his underlying diabetic retinopathy and a home health request due to underlying family issues were also recommended. There was no documentation of other imaging performed or specific treatment for this individual's ophthalmic related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CT SCAN: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303.

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines, the request for a CT scan of the lumbar spine would be supported. This individual has acute complaints following a multilevel fusion procedure and has had recent plain film radiographs. Given acute complaints, the role of a CT scan to better assess the status of the fusion and underlying osseous change associated with surgery would be supported as medically necessary.

OPHTHALMOLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 127.

Decision rationale: The California MTUS ACOEM Guidelines do not support the referral for an ophthalmologist consultation in regards to this claimant's work related condition. While this individual was noted to have diabetic retinopathy, there is no documentation supporting this diagnosis as work related or in conjunction with his individual's work related complaints. While an ophthalmologist consultation would be supported for medical treatment, its relationship to this individual's work related injury has not been established. The request is not medically necessary or appropriate.

HOME HEALTH NURSE VISIT-HOME 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 Section, page 51.

Decision rationale: The California Chronic Pain Guidelines do not support the request for a home health care consultation. While the documentation indicates that this individual has continued complaints of pain, there is no documentation that the claimant is in a home bound status on a temporary or intermittent level. At the time of request, the individual was greater than eight months following the time of fusion procedure. Without documentation of home bound status as recommended by the Chronic Pain Guidelines, this request would not be supported as medically necessary.