

Case Number:	CM14-0003799		
Date Assigned:	03/03/2014	Date of Injury:	08/24/2004
Decision Date:	06/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 53 year old male who reported an injury on 08/24/2004. The mechanism of injury was not provided. The clinical note dated 09/13/2013 reported the injured worker complained of no significant changes. The injured worker continued to use the HEP in addition to a walking aerobic program. The injured worker reported he had no pain relief from medication, and was unable to tolerate his current modified duty and his employer was unable to accommodate. The injured worker noted the pain was worse with prolonged neck positioning, overhead reaching, and heavy lifting, repetitive bending and stooping, prolonged standing or walking and better with rest, medication and stretches. The injured worker declined Lumbar Epidural Steroid Injection. The injured worker was prescribed Methadone, Norco, Zanaflex, Relafen, Senokot, and Trazodone. The physical exam noted range of motion is painful, but within normal limits. The injured worker had a positive straight leg raise while sitting and negative when supine. The provider also documented motor strength of 5/5 in both lower extremities. The injured worker had diagnoses of Myofascial sprain and strain of lumbosacral spine, multilevel degenerative disc disease, and lumbar radiculopathy. The request is for 3-4 inpatient hospitalization for spine surgery, purchase of cold therapy [REDACTED] unit, and home health initial visit plus 1 or 2 for skilled observation. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-4 INPATIENT HOSPITALIZATION FOR SPINE SURGERY: 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 Official Disability Guidelines (ODG) Low Back, Hospital Length of stay

Decision rationale: The request for 3-4 inpatient hospitalization for spine surgery is not medically necessary. The injured worker complained of no significant changes. The injured worker continued to use the HEP in addition to a walking aerobic program. The Official Disability Guidelines recommend up to a 5 day length of stay for injured workers being recommended for a lumbar fusion surgery. However, there is a lack of documentation indicating the requested surgery have been authorized. Therefore, the request is not medically necessary.

PURCHASE OF COLD THERAPY [REDACTED] UNIT: 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 Official Disability Guidelines (ODG) low back, Cold/Heat packs

Decision rationale: The request for the purchase of cold therapy [REDACTED] unit is not medically necessary. The injured worker complained of no significant changes. The injured worker continued to use the HEP in addition to a walking aerobic program. The injured worker reported he had no pain relief from medication, and was unable to tolerate his current modified duty and his employer was unable to accommodate. The Official Disability Guidelines recommend cold/hot packs as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is a lack of documentation indicating the injured worker had acute pain. There is also a lack of documentation indicating the requested surgery have been authorized. Furthermore, the request for purchase would exceed guideline recommendations for no more than a 7 day rental. As such, the request is not medically necessary.

HOME HEALTH INITIAL VISIT PLUS 1 OR 2 FOR SKILLED OBSERVATION:
Upheld

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

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

Decision rationale: The injured worker complained of no significant changes. The injured worker continued to use the HEP in addition to a walking aerobic program. The Chronic Pain Medical Treatment Guidelines 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. There is a lack of documentation indicating the injured worker is homebound, the injured worker continued to have a modified work schedule as indicated in the documentation provided. There is also a lack of documentation indicating the requested surgery have been authorized. Therefore, the request for home health initial visit plus 1 or 2 for skilled observation is not medically necessary.