

Case Number:	CM14-0010147		
Date Assigned:	02/21/2014	Date of Injury:	06/07/2011
Decision Date:	08/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal 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:

Patient is a 47-year-old male who has submitted a claim for cervical intervertebral disc degeneration, cervical intervertebral disc without myelopathy, and lumbago associated with an industrial injury date of 06/07/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain rated 5/10 and low back pain rated 8/10 in severity. Back symptoms radiated to the pelvis and lower extremities bilaterally. This resulted to difficulty in ambulation, bathing, dressing, cooking, cleaning and medication management. Patient likewise reported cluster headaches, insomnia, memory loss, difficulty with vision, and stress. Physical examination of the cervical and lumbar spine showed tenderness and limited range of motion. Valsalva maneuver was positive. Kemp's test and straight leg raises test were positive bilaterally. Motor strength of hip flexors was graded 5-/5 bilaterally. Reflexes were normal. Patient ambulated using a single-point cane. Gait was guarded. Treatment to date has included cervical epidural steroid injection, home exercise program, physical therapy, and medications. Utilization review from 01/13/2014 denied the request for spine surgery consultation because of limited imaging studies and no significant acute changes on the physical examination; denied psychological consultation and treatment with an MPN provider because there was no documentation of any acute psychological changes to support the request; denied initial neurological consultation because there was no acute change in neurological function; denied home health aide 7 days a week, 8 hours per day for 3 months because there was no evidence of acute changes in function; and denied nurse case manager because of its unclear rationale for this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SURGERY 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, spine surgery consultation was requested due to increasing pain and positive lumbar herniated nucleus pulposus at L5-S1 level. However, the official MRI report was not made available for review. Moreover, there was no significant change in the physical examination findings to warrant such request. The medical necessity was not established. Therefore, the request for spine surgery consultation is not medically necessary.

PSYCHOLOGICAL CONSULTATION AND TREATMENT WITH AN MPN PROVIDER: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, psychological consultation was requested due to concomitant symptoms of anxiety and depression. The most recent progress report cited that patient experienced cluster headaches, insomnia, memory loss, and stress. However, there was no mental status examination available to support the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for PSYCHOLOGICAL CONSULTATION AND TREATMENT WITH AN MPN PROVIDER is not medically necessary.

INITIAL NEUROLOGICAL CONSULTATION:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, neurology consultation was requested to assess for seizures, headaches, anosmia, loss of taste, and loss of balance that patient had reported. However, there was no neurologic examination available to support the request. There was likewise no further information concerning the seizures that occurred. The medical necessity cannot be established due to insufficient information. Therefore, the request for initial neurologic consultation is not medically necessary.

HOME HEALTH AIDE 7 DAYS A WEEK, 8 HOURS PER DAY FOR 3 MONTHS:
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 9792.20 - 9792.26, Home Health Services, page 51 Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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. In this case, a home health aide (HHA) was recommended for the patient to assist her in house cleaning chores such as bathing, cooking, cleaning and taking medications. However, as recommended by the guidelines stated above, home health services should not include personal care and homemaker services. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Furthermore, the present request of 8 hours per day x 7 days a week exceeded guideline recommendation. Therefore, the request for home health aide 7 days a week, 8 hours per day for 3 months is not medically necessary.

NURSE CASE MANAGER: 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 Other Medical Treatment Guideline or Medical Evidence: Mapping the Literature of Case Management Nursing, Journal of the Medical Library Association: JMLA April 2006; 94(2): E99-106.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article from Journal of the Medical Library Association was used

instead. It states that nursing case management provides a continuum of health care services for defined group of patients. Nurse case managers actively participate with their clients to identify and facilitate options and services for meeting individuals' health needs, with the goal of decreasing fragmentation and duplication of care, and enhancing quality, cost-effective clinical outcomes. In this case, a nurse case manager was requested for assistance in management of his industrial injury. However, the medical records did not reveal uncertainty or complexity of issues to warrant such. There was no further documented rationale for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for nurse case manager is not medically necessary.