

<b>Case Number:</b>	CM14-0138022		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Pennsylvania. 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 56-year-old female who was injured in a work related accident on December 15, 2011. The medical records provided for review include a July 21, 2014 progress report documenting that the claimant was authorized to undergo an anterior discectomy and fusion of the cervical spine from the C4 through C7 levels. There are additional requests for postoperative use of home health care services in relationship to the claimant's three level process, four hours per day, five days per week for two weeks, as well as continued use of Prilosec for GI purposes. The claimant's current medication use includes Ultram; there is no documentation of other anti-inflammatory medications being utilized or a history of gastro-esophageal diagnosis or events.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 4 hours a day, five days a week for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): Page 51.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for home health care assessment four hours a day, five days a week for two weeks would not be

recommended as medically necessary. The claimant has undergone a cervical fusion and has been certified postoperatively for skilled nursing evaluation and two week treatment course. The timeframe in question would be nearly a month after the time of the claimant's operative procedure. At present there is no documentation to support that the claimant would be at a homebound status at that timeframe after the cervical fusion. It is also not clear from the records as to services home health care would be performing at that stage in postoperative care. The request in this case would not be supported as medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of Prilosec. The Chronic Pain Guidelines state that Prilosec, a protective proton pump inhibitor, is only indicated if a significant GI risk factor is present. According to the medical records provided for review, the claimant does not have any clinical criteria to support the need for this medication as no specific GI risk factor is noted, nor is there evidence of underlying use of nonsteroidal agents. The request for continued use of this agent would not be supported as medically necessary.

**Post-operative Physical Therapy, unspecified number of sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the California Postsurgical Rehabilitation Guidelines, the request for Post-operative Physical Therapy cannot be recommended as medically necessary. According to the Postsurgical Guidelines, once the graft has matured, up to 24 physical therapy sessions are recommended over 16 weeks. The request for physical therapy does not identify the number of sessions to be provided. There is also no documentation regarding the claimant's postoperative course of recovery. Without knowing the number of physical therapy sessions requested, postoperative physical therapy in general cannot be recommended as medically necessary.