MAXIMUS Federal Services

Case Number:	CM14-0150023		
Date Assigned:	09/18/2014	Date of Injury:	04/04/2013
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 51-year-old female who reported an injury on 04/04/2013. The mechanism of injury was not provided. On 08/21/2014, the injured worker presented with low back pain radiating to the right lower extremity with numbness, tingling, and weakness. Upon examination of the lumbar spine, there was tenderness to palpation over the paravertebral musculature, quadratus lumborum muscles, and gluteal musculature bilaterally. There was a positive right sided straight leg raise. Active range of motion of the lumbar spine measured 10 degrees of flexion, 5 degrees of extension, 5 degrees of right side bending, and 8 degrees of left side bending. There was hypoesthesia noted to the right L5-S1 nerve root distribution. There was grade 4/5 motor strength to the right extensor hallucis longus muscle and evertors and extensor foot. Diagnoses were right hip contusion/strain, right knee sprain with small ganglion cyst and chondromalacia, negative diagnostic ultrasound study dated 07/20/2013, and lumbar spine musculoligamentous sprain/strain. The provider recommended home health care 3 hours a day 3 times a week for 6 weeks and an MRI of the lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care three hours per day, three times per week for six weeks (hours) QTY: 54: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Page(s): 51.

Decision rationale: The request for home health care 3 hours a day 3 times a week for 6 weeks with a quantity of 54 is not medically necessary. The California MTUS recommend home health services for medical treatment for injured workers who are homebound on a part time or intermittent basis and generally no more than 3 to 5 hours a week. The 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 restroom when this is the only care needed. There is lack of documentation that the injured worker is homebound on a part time or intermittent basis. Additionally, there was lack of documentation on what types of medical treatment the injured worker needs to be performed in home. As such, medical necessity has not been established.

MRI scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam is sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurologic deficits upon physical examination. Additionally, documentation failed to show the injured worker has tried and failed an adequate course of conservative treatment. As such, medical necessity has not been established.