

Case Number:	CM14-0159466		
Date Assigned:	10/03/2014	Date of Injury:	12/03/2005
Decision Date:	12/11/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Spine Surgeon, and is licensed to practice in Texas. 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 46-year-old female who reported injuries due to a fall on 12/03/2005. On 08/11/2014, her diagnoses included cervical discogenic disease, status post cervical fusion, chronic cervical spine sprain/strain, status post lumbar fusion at L4-S1, symptomatic hardware of lumbar spine at right L4, lumbar discogenic disease, right knee internal derangement, right shoulder impingement syndrome with bursitis, and intractable low back pain. Her complaints included severe back and leg pain. Upon examination, she was noted to have severe intractable lower back pain with right leg sciatica. There was decreased sensation at the right L5. She had a positive straight leg raising test at 60 degrees. The treatment plan included a recommendation for revision of lumbar surgery and removal of prior hardware with exploration of prior fusion and extension of fusion to L3-4 with instrumentation, anterior and posterior exposure. There was no rationale included in this injured worker's chart. A Request for Authorization dated 09/03/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with vascular surgeon for clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for consultation with a vascular surgeon for clearance is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. Per the submitted documents, this injured worker did not have a diagnosis related to a vascular condition. There was no evidence that she had any cardiovascular condition for which surgery would be contraindicated. The need for a vascular consultation was not clearly demonstrated in the submitted documents. Therefore, this request for consultation with a vascular surgeon for clearance is not medically necessary.

Post-op home health evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The request for post-op home health evaluation is not medically necessary. Per the California MTUS Guidelines, home health services are recommended only 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 or personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There was no evidence in the submitted documents that the proposed surgery had taken place. Additionally, there was no evidence that this injured worker was or was going to be homebound. The clinical information submitted failed to meet the evidence based guidelines for a home health evaluation. Therefore, this request for post-op home health evaluation is not medically necessary.

Home health aid 4 times 5 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The request for home health aid 4 times 5 times 2 is not medically necessary. Per the California MTUS Guidelines, home health services are recommended only

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 or personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no evidence from the submitted documents that the proposed surgery had taken place. Additionally, there was no evidence that this injured worker was or was going to be homebound. The clinical information submitted failed to meet the evidence based guidelines for a home health aide. Therefore, this request for home health aid 4 times 5 times 2 is not medically necessary.