

Case Number:	CM14-0177278		
Date Assigned:	10/30/2014	Date of Injury:	08/19/2004
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Practice and is licensed to practice in Alabama, Mississippi, and Tennessee. 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 57-year-old female who reported an injury on 08/19/2004. The mechanism of injury was not stated. The current diagnoses include cervical discogenic disease with radiculopathy, status post cervical fusion at C4-7, lumbar discogenic disease with radiculopathy, headaches, and chronic low back pain. The injured worker was evaluated on 09/18/2014 with complaints of severe low back pain and neck pain. Previous conservative treatment is noted to include trigger point injections, medication management, TENS therapy, acupuncture and physical therapy. The injured worker's physical examination revealed lumbar spine spasm, painful and limited lumbar range of motion, positive Lasegue's testing, positive straight leg raise to 40 degrees bilaterally, tenderness to palpation of lumbar spine, decreased range of motion, and radiculopathy at L3 and L5. Treatment recommendations included a lumbar fusion at L4-S1. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: home health aide 4x5x2: 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 Page(s): 51.

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound in a part time or intermittent basis, generally up to no more than 35 hours per week. It is noted that the injured worker was pending authorization for a lumbar fusion. However, there was no indication that this injured worker's surgical procedure has been authorized. Therefore, the associated surgical request cannot be determined as medically appropriate at this time.

Associated surgical service: post-op home health evaluation: 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 Page(s): 51.

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound in a part time or intermittent basis, generally up to no more than 35 hours per week. It is noted that the injured worker was pending authorization for a lumbar fusion. However, there was no indication that this injured worker's surgical procedure has been authorized. Therefore, the associated surgical request cannot be determined as medically appropriate at this time.