

Case Number:	CM14-0025874		
Date Assigned:	06/13/2014	Date of Injury:	03/10/2013
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational 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:

The injured worker is a male with date of injury of 3/10/2013. Per supplemental report/request for authorization dated 1/27/2014, the injured worker has persistent deterioration in clinical status. He is under the care of a neurologist for post-traumatic concussive symptoms with unstable gait and severe headaches. On exam, his gait is short-stepped and unstable. He appears miserable and disheveled. He has completed an MRI with and without contrast of the brain, which was negative. The urinary drug screen is negative for opioids and benzodiazepines, which is consistent with his present regimen. The diagnoses include 1) traumatic brain injury (with personality change and psychomotor slowing, global nociceptive tenderness, bilateral temporomandibular joint (TMJ) symptoms, headaches, tinnitus, unstable gait, depression, insomnia; 2) new-onset hypertension; 3) umbilical hernia; 4) cervical spondylosis with stenosis; 5) lumbar spine spondylosis with stenosis; and 6) chest wall strain injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, THIRTY-FIVE (35) HOURS WEEKLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH CARE Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The requesting physician reports that the injured worker is in need of home care assistance, as he remains under the care of his wife 24 hours, 7 days a week. His wife is unable to return to work since his injury. The home health care is to provide assistance with bathing, dressing, meal preparation, and to monitor his unstable gait while his wife returns to work. The Chronic pain Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. The request for home health care 35 hours weekly is determined to not be medically necessary.

CONSULTATION FOR ADMISSION TO MULTI-DISCIPLINARY PAIN PROGRAM:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRP) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

Decision rationale: The Chronic Pain Guidelines recommend the use of multi-disciplinary pain programs for patients with conditions that put them at risk of delayed recovery. The injured worker has experienced delayed recovery as a result of failed procedures, and the requesting physician reports that he is now almost permanent and stationary, due to poor response to treatment. Multidisciplinary pain programs should be used with patients that are motivated to improve and return to work, and this is not indicated by the clinical documents provided. The criteria listed in by the Guidelines are not met for this injured worker, and negative and positive predictors of success have not adequately been addressed. The request for consultation for admission to multi-disciplinary pain program is determined to not be medically necessary.