

Case Number:	CM14-0026212		
Date Assigned:	06/13/2014	Date of Injury:	04/27/2010
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 and 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 59-year-old female who reported an injury on 04/27/2010. The clinical note dated 05/28/2014 is handwritten and largely illegible. The injured worker had an MRI on 04/17/2014 with complications during the MRI. The injured worker reported a flare up and had pain to her bilateral ribcage. On physical exam, the injured worker had muscle spasms. The injured worker's diagnoses included depressive disorder, arthropathy, NOS-shoulder, and bursitis of shoulder. The injured worker's prior treatments included diagnostic imaging, and medication management. The injured worker's treatment plan includes an MRI with contrast, followup with a physician, a request for home health care visits, a neurosurgeon consultation, and a request for omeprazole. A Request for Authorization dated 01/24/2014 was submitted for home health care and omeprazole; however, a rationale was not provided 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 VISITS QTY:24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for for home health care visits qty:24 is non-certified. The California Chronic Pain Medical Treatment Guidelines states that home health services are recommended only for otherwise recommended medical treatment 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, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is lack of evidence of the injured worker being homebound or attending any type of rehabilitation program, such as physical therapy. In addition, the provider did not indicate a rationale for the request and there is no justification for the request. Also, homemaker services, like shopping, dressing, and bathing are not included in medical treatment. Furthermore, the provider did not specify hours or days in the request. Therefore, the request for home health care visits quantity 24 is not medically necessary.

NEUROSURGEON CONSULTATION QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for neurosurgeon consultation qty: 1 is non-certified. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The provider did not indicate a rationale or justification for the request. In addition, it is not indicated how a neurologic exam will aid in the provider's determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. Therefore, the request for neurosurgeon consultation quantity 1 is not medically necessary.

OMEPRAZOLE 20MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Section.

Decision rationale: The request for Omeprazole is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. Although the injured worker is on NSAIDs, there is lack of documentation of efficacy and functional improvement. In addition, the provider did not indicate a frequency for the medication. Therefore, the request for omeprazole is not medically necessary.

