

Case Number:	CM14-0035074		
Date Assigned:	06/23/2014	Date of Injury:	04/12/2013
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurological Surgery and is licensed to practice in Texas and Michigan. 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 55 year old female whose date of injury is 04/12/13. The mechanism of injury is described as repetitive work duties. She has had physical therapy and injections with only mild relief. Note dated 03/27/14 indicates that she has been recommended for lumbar surgery. Note dated 04/29/14 indicates that the injured worker complains of neck, back and right upper extremity pain. She was recommended for exercise and taping. Epidural steroid injections were discussed and she declined. Diagnoses are cervical spine myofasciitis with radiculitis, lumbar spine myofasciitis with radiculitis, rule out cervical spine disc injury. The injured worker has been authorized to undergo bilateral L5-S1 microdecompression surgery with pre-op medical clearance and 8 postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative (Pre-op) medical 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) Low back, preoperative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

Decision rationale: Based on the clinical information provided, the request for preoperative medical clearance is not recommended as medically necessary. The submitted records indicate that the injured worker has been authorized for preoperative medical clearance to include complete blood count, complete metabolic panel, prothombin time/partial thromboplastin time and electrocardiogram. The current request is nonspecific and there is no clear rationale provided to support the request. Therefore, medical necessity is not established.

Post-op rehab twelve: twelve (12) session (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Based on the clinical information provided, the request for post op rehab twelve sessions is not recommended as medically necessary. The injured worker has been authorized to undergo bilateral L5-S1 microdecompression surgery with pre-op medical clearance and eight postoperative physical therapy sessions. The request for additional physical therapy is premature pending completion of the previously authorized sessions.

Home care: two (2) hours per day, six (6) days per week for two (2) weeks: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for home care 2 hours per day 6 days per week for 2 weeks is not recommended as medically necessary. California Medical Treatment Utilization Schedule guidelines support home health services for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis.

Transportation to and from ADLS and treatment: 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) Knee and Leg Chapter- Transportation(to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Transportation.

Decision rationale: Based on the clinical information provided, the request for transportation to and from activities of daily living and treatment is not recommended as medically necessary. The submitted records fail to establish that the injured worker presents with disabilities preventing her from self-transport.

