MAXIMUS Federal Services

Case Number:	CM14-0038672		
Date Assigned:	06/27/2014	Date of Injury:	05/14/2012
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Surgery 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 34-year-old female who reported injury on 05/14/2012. The mechanism of injury was a slip and fall where the injured worker fell backwards, landing on her back and striking her nose against the edge of a container. The injured worker hit her head against the floor. The injured worker underwent a C4, C5, and C6 partial corpectomy, and a C4-5 and C5-6 anterior cervical fusion with cage placement on 03/25/2014. The documentation dated 03/11/2014 revealed the injured worker was a potential candidate for a left L5-S1 laminotomy and discectomy and a potential candidate for an anterior cervical discectomy and fusion at C3-7. The treatment plan included home health care 2 hours a day x5 days a week for 3 weeks following surgeries for the neck and back. The diagnoses included cervical myelopathy, cervical stenosis, facet arthropathy of the lumbar spine, and multilevel disc herniations of the lumbar spine, as well as herniated nucleus pulposus of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health care 2 hrs a day, 5 days a wek for 3 weeks following surgery for neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (May 2009).

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend home health services for injured workers who are in need of medical treatment and who are home-bound. The usage should be generally up to no more than 35 hours per week. Medical treatment does not include homemaker services or home health aid services. The clinical documentation submitted for review failed to indicate the type of services that would be necessary from the home health care request. Given the above, the request for Home Health care 2 hrs a day, 5 days a week for 3 weeks following surgery for neck and back is not medically necessary.

Ongoing care with pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker was being followed by a pain management specialist. However, there was a lack of documentation indicating the medications the injured worker was utilizing. The injured worker was noted to be a candidate for surgical interventions. As such, this request would not be supported. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for ongoing care with pain management specialist is not medically necessary.