

Case Number:	CM14-0044175		
Date Assigned:	07/02/2014	Date of Injury:	04/09/2010
Decision Date:	09/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Emergency Medicine, 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 42-year-old male who reported an injury after picking up a printer at work. The injured worker reported he had an L1-2 laminectomy in 2010 and an L1-L5 laminectomy in 2011 with no improvement in pain. The clinical note dated 08/20/2013 indicated the injured worker reported low back pain as a constant tightness and numbness between 8/10 and 10/10 that radiated to the scrotum, and the pain and numbness radiated down the left lateral leg to the entire foot, that also radiated down the right lateral foot to the lateral 2 toes. The injured worker reported he thought he had been to the emergency room up to 50 times. The injured worker described pain over the neck that radiated to the outer right shoulder and occasionally the outer right arm, described as a cramping, intermittent pain occurring every day. Upon physical examination there was tenderness over the right upper shoulder with no trigger point in the bilateral back about 10 cm lateral to L5 on both sides. There was a straight leg raise positive bilaterally. The injured worker's treatment plan included recommended repeat EMG/NCS. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included diazepam, Cymbalta, OxyContin, Opana, Dilaudid, Lidoderm patch, and fentanyl patch. The provider submitted a request for an inpatient drug rehabilitation program and home healthcare support. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient drug rehabilitation program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42, 102-103. Decision based on Non-MTUS Citation Aetna, 2006; Blue Cross/Blue Shield, 2006; Cigna, 2006.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Stephens, John R., et al. "Who needs inpatient detox? Development and implementation of a hospitalist protocol for the evaluation of patients for alcohol detoxification." Journal of general internal medicine 29.4 (2014): 587-593.

Decision rationale: It was not indicated if the injured worker had been weaned off any medications. In addition, it was not indicated when the injured worker last had a urine drug screen. Additionally, the request does not indicate a time frame. Moreover, it was not indicated if the injured worker had a positive urine drug test, and the provider did not provide a rationale for the request. Therefore, the request is not medically necessary.

Home Health Care Support: Upheld

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

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

Decision rationale: MTUS Guidelines recommend home health services 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 services. Therefore, the request for Home Health Care Support is not medically necessary.