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| Case Number: | CM14-0049019 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/01/2003 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with date of injury of 08/01/2003. The listed diagnoses per [REDACTED] dated 06/23/2014 are: Chronic idiopathy, Brachial neuritis, Opioid-type dependency, Post laminectomy syndrome Displaced cervicalgia, Migraines, Failed back surgery syndrome, cervical spine, Status post anterior cervical discectomy, C3 through C5, Cervical spondylosis with radicular pain, bilateral upper extremities, Cervical dystonia and discopathy, and Intraocular migraine secondary to cervical spine injury. According to the reports, the patient complains of neck pain. He rates his pain as 8/10 and describes it as sharp, dull, and aching. The patient states that his pain is constant and is increased by being on his feet. The patient reports migraine headaches and chest pain with positive constipation and irritable bowel syndrome. Physical examination shows the patient is pleasant and cooperative and well-groomed. There is tenderness to palpation of the cervical spine and decreased range of motion of the neck. The patient's gait is steady. The patient continues to use a C-collar for stabilization. There is decreased sensation noted in the bilateral upper extremities. Grip strength is 3/5 to 4/5 bilaterally. The utilization review did not grant the request on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 3 hours per day, 2 days per week, for 3 weeks: 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) Treatment Index 9th Edition Web 2011.

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

Decision rationale: This patient presents with neck pain. The patient is status post cervical fusion from 10/28/2010. The provider is requesting a home health aide 3 hours per day 2 days per week for 3 weeks. The MTUS Guidelines page 51 on home health services recommends this service only for patients who are homebound, on a part-time or intermittent basis generally up to no more 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. The report making the request was not made available for review to verify the rationale behind the request. The AME report dated 06/17/2014 notes that the patient has had multiple medical issues since 2003 including: cardiac bypass surgery in 2005, diverticulitis and ischemic colitis in 2007, cervical spine fusion with complications of difficulty swallowing and residual neck and upper extremity complaints in 2010, and a failed trial of a spinal cord stimulator in August 2012. None of the 58 pages of records provided document the patient's ability to self-care, ambulate, and perform activities of daily living. Furthermore, the provider did not provide a rationale as to why this patient would need home health services. Therefore the request is not medically necessary.