

Case Number:	CM14-0049298		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2006
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Spine Surgery and is licensed to practice in New York. 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 44-year-old male with a history of neck pain. Patient had cervical September 2013 that show C5-C6 and are 4 mm disc bulge. There was some foraminal stenosis. MRI the cervical spine dated February 2013 with mild bulge at C4-5 disc. Physical examination shows normal motor strength in the upper 20s with decreased sensation in the lateral forearm and thumb. Spurling sign is positive bilaterally. Repeat MRI from January 2014 showed significant foraminal stenosis at C5-6. X-rays from September 2013 show degenerative changes at C4-5 and C5-6. There is no instability or fractures. Diagnoses include cervicgia and radiculitis. Patient has been treated with cervical epidural steroid injection without benefit. He's had modification activity, Naprosyn and physical therapy. Patient is recommended for surgery for anterior fusion. At issue is whether home health care is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 2 hours per day, 6 days per week x 2 weeks: Upheld

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

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Decision rationale: There is no documentation that the patient is homebound. There is no direct rotation at the patient is unable to perform services light shopping cleaning laundry worker personal care to himself. Anterior cervical fusion discectomy surgery was a small minor procedure with minimal morbidity. Recovery from ACDF surgery is often rapid. In this case, there is no documentation of valid requirement for home health services. Therefore, the request for home care 2 hours per day 6 days per week x 2 weeks is not medically necessary.