

Case Number:	CM14-0077635		
Date Assigned:	09/18/2014	Date of Injury:	10/21/2007
Decision Date:	10/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 47-year-old male who reported an injury on 10/29/2007 due to unspecified cause of injury. The injured worker complained of cervical pain, lower back pain, and thoracic pain. The injured worker rated his cervical pain at 5/10 to 6/10, lumbar pain is 6/10 to 7/10, and thoracic pain an 8/10 using the VAS. The diagnostics included a MRI of the spine. The spinal examination, dated 04/17/2014, revealed a slightly antalgic gait favoring the left leg, palpation of the bones, joints, and muscles was unremarkable. The neurological examination revealed no deficits, coordination was good, deep tendon reflexes normal. The cervical exam revealed pain to palpation over the C3-6 facet capsules bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver bilaterally, positive maximal foraminal compression testing bilaterally. The lumbosacral examination revealed a positive faber maneuver to the right, pain to palpation over the L3-S1 facet capsules bilaterally, pain with rotation, extension, and indicative of facet capsular tears bilaterally and secondary myofascial pain with trigger and ropey fibrotic banding. The MRI of the cervical spine, dated 01/25/2010, revealed posterior disc herniation's at C4-7. The MRI, dated 08/08/2008, of the thoracic spine revealed minimal degenerative changes at the T5-6 and T11-12. The MRI of the lumbar spine, dated 01/25/2010, revealed right sided disc herniation at L3-4 with left sided posterolateral disc herniation at L4-5 extending to the left foramen with a central disc protrusion at L5-S1. Medications included MS Contin, Gabapentin, Cymbalta, Omeprazole, and a Lidoderm patch. Past treatments were not available for review. The treatment plan included a postoperative home health nurse #8. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative home health nurse #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for postoperative Home Health Nurse #8 is not medically necessary. The California MTUS state home health services are recommended only for patients who are homebound and who are in need of part time or intermittent medical treatment, up to 35 hours per week. The medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and use of bathroom when this is the only care needed. The clinical notes did not indicate that the injured worker needed up to 35 hours of medical care. The injured worker was able to ambulate with antalgic gait. The clinical note was not clear whether there was upcoming surgery, or a surgery that has already happened. As such, the request is not medically necessary.