MAXIMUS Federal Services

Case Number:	CM14-0077799		
Date Assigned:	07/18/2014	Date of Injury:	11/18/2010
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Neurology and is licensed to practice in Texas, Ohio and Massachusetts. 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 50-year-old female who reported an injury on 11/18/2010. The mechanism of injury was not provided. The injured worker had diagnoses of lumbar disc disease with myopathy, spinal stenosis of the lumbar spine, and lumbar radiculopathy. Past treatment included work modification, medications, 12 physical therapy, chiropractic therapy, and lumbar epidural steroid injection, with no lasting benefit. Diagnostic studies included MRI of the lumbar spine on 04/09/2013 which demonstrated L4-5 spinal stenosis with lateral recess stenosis and x-ray demonstrated 4.5 mm anterolisthesis of L4 on L5 from an unknown date. No surgical history was provided. The injured worker complained of continued low back pain with pain radiating into the posterior aspect of the bilateral thighs. The current rate of pain was 9/10. Upon exam of the musculoskeletal system, the range of motion, flexion, and extension were limited due to pain in the lumbosacral region. The injured worker had diminished sensation to light touch and pinprick over the lateral calves. The injured worker's current medications included gabapentin 600 mg 1 tablet at night. A request for Lumbar Fusion at the L4-L5 with post-operative care to include home care and transportation was made due to difficulty ambulating post-surgically. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Days of Home Care (2 hours per day, 6 days per week for 2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The requested 14 days of home care (2 hours per day, 6 days per week for 2 weeks) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are home-bound on a part-time or intermittent basis to assist with medical treatment. The clinical documentation indicated that a request for surgery has been submitted and that it is anticipated that after surgery, the injured worker will have difficulty ambulating and require assistance. However, services that would require medical treatment were not specifically identified. The California Medical Treatment Utilization Schedule does not support homemaker services as medical treatment. As it is not clearly indicated that services required by the homecare provider would be medical indicated, the request would not be supported. Additionally, the clinical documentation submitted for review does not provide any evidence that the requested surgical intervention has been authorized or scheduled. Therefore, postsurgical treatment would not be indicated in this clinical situation. As such, the requested 14 days of home care (2 hours per day, 6 days per week for 2 weeks) is not medically necessary or appropriate.

1 Transportation to and from activities of Daily Living (ADLs) and Treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(online edition) Chapter: Knee & leg; Transportation (to and from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Transportation (to & from appointments).

Decision rationale: The requested 1 transportation to and from activities of daily living and treatments is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines recommend transportation be provided to and from medical-related appointments for patients who are unable to transport themselves. It is indicated within the clinical documentation that fusion surgery has been requested for the injured worker and it is anticipated that the injured worker will have difficulty ambulating postsurgically. However, the request includes transportation to and from activities of daily living. The Official Disability Guidelines do not support the use of transportation unless it is intended for medical purposes. Furthermore, there is no indication that the requested surgery has been authorized or is scheduled. In the absence of this information, there is no way to determine the appropriateness of postoperative care. As such, the requested 1 transportation to and from activities of daily living (ADLs) and treatments is not medically necessary or appropriate.