

Case Number:	CM14-0081927		
Date Assigned:	07/18/2014	Date of Injury:	07/05/2010
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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 & 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 42-year-old male with date of injury of 07/05/2010. The listed diagnoses per the treater dated 05/01/2014 are spinal cord injury; neurogenic bowel, secondary; neurogenic impotence, secondary; neurogenic bladder, secondary; ulcerative symptoms to rule out peptic ulcer; chronic daily headaches; left lower limb and back neuropathic pains; depression; history of palpitations; and hypertension. According to this report, the patient sustained work-related injury in 2010 when the patient dove into a pool and was immediately unable to move. He sustained a spinal cord injury with C5-C6 burst fracture, which required anterior cervical fusion. He suffered traumatic myelopathy associated with his spinal injury with resultant right hemiparesis, neurogenic bladder, neurogenic bowel, and neurogenic impotence along with pain disorders and likely has developed an ulcer associated with stress, worry, and pain. The patient continues to practice with his right dominant hand, but still uses his left hand for eating and using a fork and spoon; his dominant right hand is just too clumsy. The patient is independent in grooming, dressing, bathing, and perineal hygiene. The patient ambulates with a single point cane held in his left hand and has only about a 20-minute ambulatory tolerance. He is independent in bed mobility and transfers, but relies heavily on his left side. The patient fell 3 to 4 weeks ago at home when coming out of the bathroom. He can drive but has difficulty holding the steering wheel with his right hand and he is primarily left-handed. He continues to need the assistance of his son with laundry and vacuuming. He continues to complain of constant headache over the crown and occiput that feels like tension and pressure. He rates his pain 4/10 to 5/10. The patient also experiences a constant burning sensation from his left thigh down to his left foot and from his thigh up to his left testicle, which has been constant since the injury. The patient also complains of back pain in the lower back that radiates from his left lower limb with a burning

sensation. He rates his back pain 5/10 to 10/10. The patient continues to report difficulty in sleeping and staying asleep. He states that it variably impairs his activities of daily living. He notes that he has less feelings of depression with fewer crying spells now, only once a week. He feels that his depression is about moderate. The physical exam shows the patient ambulates with modified independence with a single point cane held in his left hand with obvious mildly spastic hemiparetic gait into the examination room. He indicates tenderness over the sinuses, over the temporal arteries, over the temporalis muscles, and over the occiput including the occipital nerves. There is tenderness generally throughout, without any one area the greatest. His cervical spine active range of motion has slight limitation in forward flexion, but otherwise with only end range pain. The right anterior cervical fusion scar is well healed and non-tender. He demonstrates limitation in active range of motion of the digits of the right hand and is unable to oppose the thumb and the little finger. There is decreased sensation over the right hand compared to the left. The patient ambulates with hemiparetic gait with a single point held in the left hand. The utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Home maker chore person to assist 1-2 hours daily: 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: This patient presents with headaches. The patient is status post spinal cord injury with cervical C5-C6 burst fracture and anterior cervical fusion. The treater is requesting a homemaker/chore person to assist, 1 to 2 hours daily. The MTUS Guidelines page 51 in home health services recommend this service only 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, laundry, and personal caregiving by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The progress report dated 05/01/2014 notes that the patient requires caregiver assistance 2 hours daily in order to perform assistance with his dressing and bathing, and certainly with homemaker/chore activities. In this case, the patient does not appear to be homebound. The patient is able to ambulate with the use of a cane. Furthermore, the patient needs assistance for homemaker services including dressing, bathing, and household chores, which is not, considered medical treatment by the MTUS Guidelines. Recommendation is not medically necessary.

Psychiatric follow up evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient presents with headaches. The patient is status post spinal cord injury with cervical C5-C6 burst fracture and anterior cervical fusion. The treater is requesting psychiatric follow-up evaluation and treatment. The ACOEM Guidelines page 127 states that the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or the plan or course of care may benefit from additional expertise. In this case, the treater is concerned about the patient's ongoing depression in relation to his current medical condition. The treater is requesting the expertise of a psychiatrist to evaluate and treat the patient's depressive symptoms. Recommendation is medically necessary.