

Case Number:	CM14-0105145		
Date Assigned:	07/30/2014	Date of Injury:	06/08/2001
Decision Date:	08/27/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 55 year old male, who sustained an industrial injury on 06/08/2001. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar disc disease and radiculopathy. Other diagnoses included diabetes, hypertension and gastritis. Treatment to date has included oral and topical pain medication. In a progress note dated 05/20/2014, the injured worker complained of low back and lower extremity pain. Objective findings were notable for mild upper epigastric tenderness to palpation, tenderness to palpation of L3-L5, bilateral paralumbar spasms and positive straight leg raise at 30 degrees on the right and 50 degrees on the left. A request for authorization of home health assistance 8 hours a week, comprehensive metabolic panel, complete blood count, lipid panel, hemoglobin A1C and urinalysis was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home health assistance 8 hours a week: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Home health services.

Decision rationale: The request is for home health services to aid in care. The MTUS and ACOEM guidelines are silent regarding this topic. The ODG guidelines state the following: "Recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include services deemed to be medically necessary for patients who are confined to the home (homebound) and who require: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; with or without additionally requiring; (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Services described under (2) and (3) should be covered only when (1) is justified. An employer or their insurer shall not be liable for household tasks the injured worker's spouse or other member of the injured worker's household performed prior to the injury free of charge. (CMS, 2015) Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. (ACMQ, 2005) (Ellenbecker, 2008) See also Skilled nursing facility (SNF) care." As indicated above, home health is indicated on a short-term basis following major surgical procedures or hospitalization. It is medically necessary for those that are homebound and require skilled or personal care services. In this case, the patient does not meet the criteria necessary. As such, the request is not medically necessary.

Comprehensive Metabolic Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

Decision rationale: The request is for a comprehensive metabolic panel. This is a blood test which measures your glucose level, electrolyte and fluid balance, kidney and liver function. The MTUS and ODG are silent regarding this topic. This panel is ordered at times for routine health screening or to rule out certain medical conditions based on the patients complaints. In this case, the patient does have symptoms which would warrant evaluation and a complete metabolic panel would be considered reasonable. As such, the request is medically necessary.

Complete Blood Count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/complete_blood_count_cbc/article_em.htm.

Decision rationale: The request is for a complete blood count blood test. The MTUS and ODG guidelines are silent regard this topic and as such, another source was used. A complete blood count is commonly ordered and measures the patients white and red blood cell count as well as platelets. The white blood cell count, when elevated, could be a marker for infection or leukemia while the red cell count reveals anemia. It is also used as a routine health screen exam. In this case, based on the patients symptoms described, a CBC would be indicated. As such, the request is medically necessary.

Lipid panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/cholesterol-management/tests-for-high-cholesterol-lipid-panel>.

Decision rationale: The request is for a lipid panel. The MTUS and ODG guidelines are silent regarding this topic. A lipid panel is typically performed for evaluation of hypercholesterolemia. Different components are measured with the goal of reducing the patient's risk of atherosclerotic vascular disease. It is usually ordered as a screening measure or for monitoring of a patient on cholesterol lowering medication. In this case, it would be a reasonable test to order due to the risk profile. As such, the request is medically necessary.

Hemoglobin A1C test: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti- diabetics/medications.

Decision rationale: The request is for performing a hemoglobin A1C test. This is the usual screening measure in diabetics which evaluates glycemic control. Poor glycemic control leads to accelerated disease processes including diabetic retinopathy and renal disease. The ODG

guidelines state that after starting an anti-diabetic medication, a 3 month screening Hemoglobin A1C is advised to see if the patient's blood sugar is being adequately controlled at a level of less than 6.5%. In this case, the patient would qualify for this screening measure. As such, the request is medically necessary.

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.emedicinehealth.com/urinalysis/article_em.htm.

Decision rationale: The request is for a urinalysis. The MTUS and ODG are silent regarding this issue. A urinalysis is usually performed when a patient has a urinary complaint such as dysuria, urgency, or frequency, or abdominal pain which could reveal findings which would help in the diagnosis. Examples of conditions which would show urinary abnormalities are urinary tract infections, nephrolithiasis, rhabdomyolysis, and diabetic ketoacidosis. In this case, the patients symptoms provided would warrant a urinalysis. As such, the request is medically necessary.