

Case Number:	CM14-0191278		
Date Assigned:	11/25/2014	Date of Injury:	11/17/2006
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 45 year old male with date of injury 11/17/06. The treating physician report dated 10/10/14 (111) indicates that the patient presents with pain affecting the neck with numbness in the bilateral upper extremities to the mid-biceps region normally and occasionally to his bilateral hands. The physical examination findings reveal diffuse TTP of the cervical spine with spasms noted into the bilateral trapezius region. Positive Tinel's at the right wrist is noted. Prior treatment history includes acupuncture, chiropractic and medications. MRI findings reveal degenerative disc disease with retrolisthesis, canal stenosis, neural foraminal narrowing and moderate bilateral foraminal narrowing. The patient underwent partial corpectomy and anterior cervical fusion on 10/14/14. The current diagnoses are: 1.Cervical radiculopathy2.Severe cervical stenosis3.MyelopathyThe utilization review report dated 10/28/14 denied the request for 2 weeks of home health services, 2 hours per day based on the fact that they are not confined to the residence. The utilization report dated 10/28/14 denied the request for pain management consult with [REDACTED] based on the fact that the outcome of the surgery is unknown so it is premature to consult pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 weeks of home health services, 2 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The patient presents with pain affecting the neck with numbness in the bilateral upper extremities to the mid-biceps region normally and occasionally to his bilateral hands. The current request is for 2 weeks of home health services, 2 hours per day. The treating physician states that the request is being made to assist with the patient's recovery from anterior cervical decompression and fusion at C6-7 with partial corpectomy surgery. The MTUS guidelines state "Recommended only for otherwise recommended medical treatment 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" In this case the treating physician has not prescribed any medical treatment care to be performed at home that requires assistance from a caregiver. The patient's social and functional status at home is unknown as the request is made previous to surgery. There has not yet been a home evaluation by a visiting nurse to determine the patient's medical needs at home. The request is not medically necessary.

1 pain management consultation with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

Decision rationale: The patient presents with pain affecting the neck with numbness in the bilateral upper extremities to the mid-biceps region normally and occasionally to his bilateral hands. The current request is for one pain management consult with [REDACTED]. The treating physician states that he is prescribed Norco for his post-operative medications. The ACOEM guidelines state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case the treating physician has requested assistance from a pain management specialist and ACOEM recommends referral for additional expertise. The request is medically necessary.