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| Case Number: | CM14-0204998 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 01/27/2000 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Internal Medicine 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 injured worker (IW) is a 48-year-old woman with a date of injury of January 27, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are rotator cuff syndrome shoulder; spinal stenosis in cervical region; displacement cervical intervertebral disc without myelopathy; unspecified disorders bursae and tendons shoulder region; unspecified myalgia and myositis; insomnia, unspecified; migraine, unspecified; anxiety state; and nausea. Pursuant to the progress note dated October 28, 2014, the IW complains of pain in the neck. The IW describes her pain as constant sharp, aching, pressure like and stabbing. The pain radiates to the left shoulder and left upper arm. Pain is rated 5/10. Pain is made worse by movement, turning to the left, turning to the right, pulling and pushing. Pain is better with medications and resting. Current medications include Oxycontin, Topamax, Valium, Norco, and Zanaflex. Examination of the shoulders reveals positive impingement on the right. Spurling's test is positive bilaterally. She has tenderness to palpation to bilateral trapezius muscles. Abduction of the shoulder on the right is 80 degrees, and 20 degrees to the left. The history of present illness discusses cervical spine pain. There is no discussion of the low back complaints. Physical examination does not contain any significant objective findings. The diagnoses do not contain a specific low back injury. An appeal dated November 21, 2014 from the treating physician contains a lengthy discourse regarding the lumbar spine. There is discussion about a prior MRI, however, the documentation remains unclear as to whether one was performed in the past and the MRI is simply not available. There is no documentation in the medical record that the IW is homebound. The current request is for home health aide 5 hours a day, 3 times a week for 3 week for laundry, self-care activities and meal preparation status post left shoulder arthroscopy; and MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 5 hours/day 3 times a week for 3 weeks for laundry, self-care activities, meal prep, status post left shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Health Aide

Decision rationale: Pursuant to the Official Disability Guidelines, home health aide five hours a day, three times a week for three weeks laundry, self-care activities, meal prep, status post left shoulder arthroscopy is not medically necessary. These services include both medical and nonmedical services for patients who are homebound and who require one or combination of the following. Skilled nursing care by a licensed medical professional for tasks such as administration of IV drugs, dressing changes, physical therapy and occupational therapy; home health aide services for health-related tasks and assistance with activities of daily living that do not require skills of a medical professional such as, feeding, bathing etc.; and/or domestic services such as shopping, cleaning, laundry that the individual is no longer capable of performing due to the illness or injury. In this case, the injured worker's working diagnoses from an October 28, 2014 progress note are other specified disorders rotator cuff syndrome shoulder and allied disorders; spinal stenosis in cervical region; displacement cervical intervertebral disc without myelopathy; unspecified disorder bursa and tendons shoulder region; unspecified myalgia and myositis; insomnia unspecified; migraine unspecified; and anxiety state. The treatment requested indicates a home health aide five hours per day, three times a week to assist with laundry self-care activities meal prep. There is no indication in the medical records of patients home that. Custodial services such as laundry, self-care activities meal prep are not covered pursuant to the guidelines. Consequently, home health aide five hours a day, three times a week for three weeks for laundry, self-care activities, meal prep status post left shoulder arthroscopy is not medically necessary.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI evaluation lumbar spine is not medically necessary. MRI is the test of choice in for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until at

least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, compression, recurrent disc herniation). The indications for magnetic resonance imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses from an October 28, 2014 progress note are other specified disorders rotator cuff syndrome shoulder and allied disorders; spinal stenosis and cervical region; displacement cervical intervertebral disc without myelopathy; unspecified disorder bursa and tendons shoulder region; unspecified myalgia and myositis; insomnia unspecified; migraine unspecified; and anxiety state. A review of the medical record contains a progress note dated October 28, 2014. The history of present illness discusses cervical spine pain. There is no discussion of the low back complaints. Physical examination does not contain any significant objective findings. The diagnoses do not contain a specific low back injury. An appeal dated November 21, 2014 from the treating physician contains a lengthy discourse regarding the lumbar spine. There is discussion about a prior MRI, however, the documentation remains unclear as to whether one was performed in the past and the MRI is simply not available. The burden is on the treating physician to obtain prior magnetic resonance imaging results. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation in the medical record indicating a significant change in symptoms or findings suggestive of significant pathology. Additionally, the documentation refers to a prior MRI that result should be obtained. Consequently, at the appropriate clinical documentation of the lumbar spine and the clinical indications last rationale, MRI of the lumbar spine is not medically necessary.