

<b>Case Number:</b>	CM14-0207234		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, 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 55 year-old female with a 4/30/2003 date of injury. According to the partial 11/4/14 handwritten, check-box report (pages 2-4 were provided), the patient has fatigue, palpitations, heartburn, stomach pain, spasm, joint pain, depression and headaches. The report contains diagnoses #5-7, but illegible. The treatment plan was for an updated cervical MRI because the prior MRI is over 10 years old. The request is to continue home care for assistance with "cooking, cleaning, etc" There is a 5/20/14 orthopedic AME reevaluation that states the patient has problems with her neck, back, both knees and appears to have bilateral CTS. She was P&S and limited to "no heavy work" There is an 8/21/14 supplemental report for home healthcare. The rationale was that it was based on the rheumatological report that recommended home care for chronic myofascial pain syndrome involving the neck and right shoulder. On 11/19/14 utilization review denied home health care because the reviewer did not see what home health services were sought. The reviewer denied the cervical MRI stating that an MRI should be ordered when the result is expected to change the treatment plan, and that there was not a change in the patient's condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued home care 5 hours/day, 5 days/week, 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 physician has requested continued home care for assistance in "cooking, cleaning, etc." The MTUS Chronic Pain Medical Treatment Guidelines, page 51 for Home health services states: 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) The 5/14/14 AME evaluation states the patient's work limitation is "no heavy work" There is no indication that the patient is home-bound on a part time or intermittent basis. MTUS guidelines states that medical treatment does not cover homemaker services. There is no discussion on any medical treatment being required at home. Based on the provided information, the request for home care does not meet the MTUS guideline criteria. The request for continued home care 5 hours/day, 5 days/week, 6 weeks is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back section, under MRI

**Decision rationale:** The physician has requested an updated cervical spine MRI because the last MRI is over 10 years old and a consultant requires the MRI to be within 1-1/2 years before he will see the patient. The 5/20/14 AME evaluator states there is no atrophy in the upper extremities and sensation is normal in all upper extremity dermatomes. The partial 11/4/14 report does not identify any radicular symptoms or discuss a clinical rationale for the repeat MRI. The MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 "Neck and Upper Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg. 177-178 states: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. ODG-TWC Neck and Upper Back section, under MRI states the Indications for imaging are:-- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma

with neurological deficit The available reports state the patient does not have any neurologic signs or symptoms present; no progressive neurological deficit; no radiographic reports of bone or disc margin destruction; no recent trauma. The ODG criteria for cervical MRI have not been met. The request for MRI of the cervical spine is not medically necessary.