

Case Number:	CM15-0104901		
Date Assigned:	06/09/2015	Date of Injury:	06/10/2008
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 55 year old female sustained an industrial injury to the left knee and back on 6/10/08. Previous treatment included magnetic resonance imaging, injections, physical therapy, psychiatric care, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (7/13/13) showed moderate degenerative disc disease with facet arthropathy. In a PR-2 dated 4/28/15, the injured worker reported that she had sustained a couple of falls since her last visit which aggravated her sciatic nerve pain. The injured worker complained of low back pain with painful and restricted range of motion associated with numbness. Physical exam was remarkable for lumbar spine with tenderness to palpation over the midline lumbar spine, over the L2-3 paraspinal musculature and decreased sensation to light touch over the left lower extremity. Current diagnoses included thoraco/lumbar spine scoliosis, lumbar spine sprain/strain with left lower extremity radiculitis and foot drop, Lumbar spine disc narrowing, left L5 radiculopathy, left knee sprain/strain with chondromalacia patella. The physician noted that the injured worker required assistance activities of daily living. The injured worker had received home health services in the past with beneficial results. The treatment plan included home health four hours a day, twice a week for 12 weeks, continuing home exercise and medications (Tramadol, Flexeril and Meloxicam).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care Qty: 24 (2 days per week x 2 weeks, 4 hours per day): Upheld

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

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

Decision rationale: According to MTUS guidelines, home care assistance is 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 patient does not fulfill the requirements mentioned above. There is no documentation that the patient's recommended medical treatment requires home health aide and there is no clear evidence that the patient is homebound. Therefore, the request for Home care assistance is not medically necessary.

Flexeril 10mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and functional improvement. Therefore, the request for FLEXERIL 10 MG # 30 is not medically necessary.