MAXIMUS Federal Services

Case Number:	CM15-0136092		
Date Assigned:	07/24/2015	Date of Injury:	01/01/2001
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 74 year old man sustained an industrial injury on 1/1/2001. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 6/2012, electromyogram/nerve conduction studies of the lumbosacral spine dated 10/22/2012, and undated lumbar spine myelogram and CT scan. Diagnoses include lumbar pseudoarthrosis with loosened segmental hardware and chronic lumbar radiculopathy. Treatment has included oral medications and use of a cane. Physician notes dated 5/13/2015 show continued complaints of back pain. Recommendations include Norco and surgical intervention. The medication list include Percocet, Tramadol and Neurontin. The patient's surgical history include revision of lumbar fusion on 6/23/15 and left ankle surgery. The patient has had history of lumbar fusion in past. Patient was certified for 9 days of inpatient rehabilitation sessions and 12 sessions of post op PT visits for this injury. Patient was discharged on multiple medications and had bandaged surgical site. The patient had used a TENS unit for this injury. Per the note dated 7/13/15, the patient had complaints of pain in back and leg. Physical examination of the lumbar spine revealed patient was able to walk on rolling walker, well-healed incisions, no tenderness on palpation and no sensory and motor deficits. The patient has had X-ray of the lumbar spine that revealed good position of the hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 nursing visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic): Home Health Services.

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

Decision rationale: Request 12 nursing visits. Per the CA MTUS guidelines cited below, regarding home health services "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." Per the note dated 7/13/15 the physical examination of the lumbar spine revealed patient was able to walk on rolling walker, well healed incisions, no tenderness on palpation and no sensory and motor deficits. The rationale for the 12 nursing visits was not specified in the records provided. Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health services like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. Patient was certified for 9 days of inpatient rehabilitation sessions and 12 sessions of post op PT visits for this injury. Response to these therapies and previous therapy notes are not specified in the records provided.12 nursing visits is not medically necessary for this patient.

12 occupational therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 12 occupational therapy sessions. Patient was certified for 9 days of inpatient rehabilitation sessions and 12 sessions of post op PT visits for this injury. The 12 occupational therapy visits were requested simultaneously, along with the 12 sessions of post of PT visits. (These PT visits were certified)Physician notes dated 5/13/2015 show continued complaints of back pain. The patient's surgical history include revision of lumbar fusion on 6/23/15 and left ankle surgery. The patient has had history of lumbar fusion in the past. Per the note dated 7/13/15; the patient had complaints of pain in the back and leg. Physical examination of the lumbar spine revealed patient was able to walk on rolling walker. In addition as per cited guideline "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." Whether patient had completed previously certified PT visits or not was

not specified in the records specified. Rationale for requesting 12 occupational therapy sessions in addition to 12 sessions of post op PT visits at the same time was not specified in the records specified. The request for 12 occupational therapy sessions is not medically necessary for this patient.