

Case Number:	CM15-0161618		
Date Assigned:	08/27/2015	Date of Injury:	06/25/2001
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 58 year old female who sustained a work related injury June 25, 2001. Past history included status post multiple lumbar fusions, bilateral plantar fascial releases and tarsal tunnel releases. According to a primary treating physician's progress report, dated June 24, 2015, the injured worker presented with complaints of chronic low back pain, and bilateral hip and foot pain. Her low back pain has increased over the last month and rated 10 out of 10 without medication. With medication her pain improves by 75% improving her sleep and ambulation. She can do housework, sit in her car, stand longer and perform light exercise. Objective findings included; 5'2" and 172 pounds; lumbar spine-positive spasm, positive Lasegue sign, numbness left leg across S1, left leg sciatica at 60 degrees, decreased sensation on left S1. Diagnoses are status post multiple lumbar fusions; lumbar discogenic disease; chronic low back pain; instability spondylolisthesis L2-3 grade II. Treatment plan included a Toradol 60mg injection intramuscularly x 1 with Marcaine to lumbar trigger points, urinalysis, continue to request for lumbar epidural steroid injections, continue home exercise and walking program, refill medications, refer to pain management, lumbar brace, and at issue, a request for authorization for a lumbar spine MRI and a home care assistance 4 hours a day; Monday, Wednesday, and Friday to clean her home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine due to worsening of symptoms:
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 Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms". The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. This patient had an MRI in 07/2015 it is unclear why a repeat test is required at this time. As such, the request for Magnetic resonance imaging (MRI) of the lumbar spine due to worsening of symptoms is not medically necessary.

Home care assistance 4 hours a day (Monday, Wednesday, Friday) to clean home: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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". Given the medical records provided, employee does not appear to be 'homebound'. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the request for Home care assistance 4 hours a day (Monday, Wednesday, and Friday) to clean home is not medically necessary.