

Case Number:	CM15-0183267		
Date Assigned:	09/24/2015	Date of Injury:	10/14/2010
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina

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 is a 38-year-old female with a date of injury on 10-14-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbago and peripheral neuropathy. According to the progress report dated 8-12-2015, the injured worker complained of pain in her lumbar spine and down her right leg rated seven to ten out of ten. The physical exam (8-12-2105) revealed diffuse tenderness in the L1-L5 paraspinal muscles. There was limited lumbar range of motion due to pain. Straight leg raise was positive bilaterally. Mood and affect were noted to be depressed and inappropriate. Treatment has included epidural steroid injection, physical therapy and medications. Per the physical therapy note dated 8-18-2015, the injured worker complained of excruciating pain to her lower back, which radiated to the right leg. Lumbar range of motion was unable to be measured due to the injured worker's inability to stand up due to pain. The injured worker was noted to have decreased ability to perform all transitional movement. The request for authorization dated 8-26-2015 included skilled nursing. The original Utilization Review (UR) (9-3-2015) denied a request for five skilled nursing visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing visits 5 times: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/17/2015), online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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) Home health services are recommended for patients who are home bound. The patient is not documented to be home bound. The types of skilled nursing services to be provided are also not defined. Therefore, the request is not medically necessary.