MAXIMUS Federal Services

Case Number:	CM15-0190994		
Date Assigned:	10/05/2015	Date of Injury:	09/18/2007
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old, male who sustained a work related injury on 9-18-07. A review of the medical records shows he is being treated for neck, right shoulder and low back pain. Treatments have included cervical spine surgery, cervical epidural steroid injections, physical therapy, and medications. Current medications include Anaprox, Zanaflex, Prilosec and Norco. In the progress notes, the injured worker reports neck pain that radiates to his hands and shoulders. He reports right shoulder pain. He also reports low back pain radiating in a burning sensation into both legs. He rates his pain level a 7-9 out of 10. He reports numbness, tingling, difficulty sleeping and symptoms of anxiety and depression. He states pain is aggravated with lifting, cold temperature and with prolonged and sustained postures. On physical exam dated 8-10-15, he has decreased cervical range of motion. He has tenderness to palpation along the cervical paraspinal muscles with paraspinal spasms and tightness. He is not working. The treatment plan includes a requests for home health care, an internal medicine consultation, for medical appointment transportation and for a psychological evaluation. He had a psychological evaluation on 5-5-10 for "adjustment disorder and depression." He was prescribed Buspar at that time. No further treatment was prescribed. Psychological evaluation done on 2-19-12 recommended psychotherapy visits. These were noted in a Qualified Medical Re-Evaluation dated 1-26-15. In the Utilization Review dated 9-10-15, the requested treatments of a psychosocial evaluation, home health care 8 hours a day, 7 days a week x 3 months and internal medicine consultation are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Submitted reports have not demonstrated any specific symptom complaints, clinical findings, complicated conditions or diagnoses indicative of an internal medicine consultation that is hindering treatment or recovery for this chronic 2007 work injury. The patient remains not working. There are no identifying clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The Internal Medicine Consultation is not medically necessary and appropriate.

Psychosocial evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Treatment.

Decision rationale: Review indicates previous two psychological evaluation. Submitted reports have not described what psychological testing or further evaluation are needed or identified what specific goals are to be obtained from the additional psychological evaluation beyond the pain psychological evaluation previously performed to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy evaluation. There is no specific change in symptom complaints or deteriorating clinical findings to support for the general psychological evaluation. The Psychosocial evaluation is not medically necessary and appropriate.

Home Health care, 8 hours a day, seven days a week for three months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home Health care, 8 hours a day, seven days a week for three months is not medically necessary and appropriate.