

Case Number:	CM15-0202513		
Date Assigned:	10/19/2015	Date of Injury:	06/18/2001
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 06-18-2001. She has reported injury to the neck and low back. The diagnoses have included chronic pain syndrome; status post anterior-posterior cervical fusion C5-C7; cervicalgia; and painful retained posterior cervical hardware C2-C4. Treatment to date has included medications, diagnostics, trigger point injections, physical therapy, and surgical intervention. Medications have included Percocet, Opana ER, and Xanax. A progress note from the treating physician, dated 09-16-2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues with right-sided neck symptoms, radiating symptoms into the occiput and interscapular region; she feels like the condition continues to deteriorate and she is looking for a more permanent fix; she initially felt very comfortable with her relief after surgery, but has been with some discomfort that seems to be worsening for her; and at the prior visit, she discussed moving forward with the removal of the hardware in the posterior spine with an exploration of the fusion. Objective findings included she is tender at the C3-4 area posteriorly more to the right; she has restricted range of movement as would be expected after multilevel cervical arthrodesis; she has no frank motor deficits; and there were sensory deficits in the upper extremities. The provider "recommended moving forward with the removal of the hardware posteriorly at C2-4" and "the patient would benefit from a postoperative home health nurse for a period of one week once a day". The treatment plan has included the request for home health nurse 1x daily for 7 days. The original utilization review, dated 09-23-2015, non-certified the request for home health nurse 1x daily for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse 1x daily for 7 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work injury in June 2001 when she was involved in a rear end motor vehicle accident. She underwent an anterior cervical decompression and fusion in May 2010 with exploration in February 2015 with hardware removal and extension of the fusion. When seen in September 2015 hardware removal was recommended. She was having right sided neck symptoms with radiating symptoms to the occiput and interscapular region and felt her condition was deteriorating. Physical examination findings included cervical tenderness with expected decreased range of motion. Surgery was requested with post-operative daily nursing home visits for one week. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. 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. In this case, the claimant had not undergone the planned surgical procedure. Predicting a need for home based services prior to surgery would not be possible. Although the claimant has undergone multiple cervical spine surgeries, hardware removal is the procedure being planned without further revision. The requested home health services are not medically necessary.