

<b>Case Number:</b>	CM15-0203561		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/31/2002
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 68-year-old, female who sustained a work related injury on 10-31-02. A review of the medical records shows she is being treated for neck and low back pain. In progress notes dated 9-24-15, the injured worker reports increased back pain since last visit. She reports stabbing, aching and cramping low back pain that radiates into her buttocks. She reports her low back feels "very tight." She has radiating pain down her left leg with aching and cramping. She reports burning and numbness in her left calf. She rates her low back pain a 9 out of 10. She reports stabbing and aching neck pain that radiates into her right shoulder. She reports "cracking" in her neck with movement, which causes increased discomfort. She rates her neck pain a 6 out of 10. On physical exam dated 9-24-15, she has diffuse tenderness to palpation over the cervical, thoracic and lumbar spine with spasms noted into the bilateral paraspinal region and bilateral trapezius muscles. She continues to have many physical problems, which limit her ability to do household tasks. Treatments have included right shoulder steroid injections, left knee injections, 24 sessions of acupuncture, physical therapy, aqua therapy, ice therapy, and left knee surgery. Current medications include Prilosec, Actonel, Flexeril, Fentanyl patches, Lyrica and Norco. No notation of working status. The treatment plan includes requests for continued home health care and an MRI of her cervical spine. The Request for Authorization dated 9-24-15 has requests for follow-ups with other physicians, to continue home health care and for a cervical spine MRI. In the Utilization Review dated 10-10-15, the requested treatments of home health care 3 days a week for 6 hours a day for 8 weeks and an MRI of the cervical spine are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Home health care 3 times a week for 6 hours a day for 8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7- Home health services section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one home healthcare three times per week for six hours a day for eight weeks is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding you get the benefit me out of that could be anything and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker is working diagnoses are chronic low back pain; lumbar HNP; lumbar radiculopathy; L1 compression deformity; and possible L5 pars defect. Date of injury is October 31, 2002. Request for authorization is dated September 24, 2015. The documentation shows the injured worker was receiving home healthcare from 2012 to the present for personal care services. There is no documentation of treatment to the cervical spine. According to the September 24, 2015 progress note, subjectively the injured worker complains of chronic neck and low back pain. Symptoms have increased. The injured worker states she needs home care services to help with home chores. The injured worker received acupuncture and physical therapy and drives a car. The injured worker states driving a car results in an exacerbation of symptoms. Objectively, the injured worker ambulates with a single point cane. There is tenderness to palpation at the cervical, thoracic and lumbar paraspinal muscle groups with spasm. Motor function is 5/5. There was no documentation the injured worker is homebound. The guidelines indicate homebound status is required to receive home health care services. There are no compelling clinical facts to support home care services. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of homebound status with documentation indicating the injured worker ambulates with a cane and drives a car, one home healthcare three times per week for six hours a day for eight weeks is not medically necessary.

## **1 MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back: Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are chronic low back pain; lumbar HNP; lumbar radiculopathy; L1 compression deformity; and possible L5 pars defect. Date of injury is October 31, 2002. Request for authorization is dated September 24, 2015. The documentation shows the injured worker was receiving home healthcare from 2012 to the present for personal care services. There is no documentation of treatment to the cervical spine. According to the September 24, 2015 progress note, subjectively the injured worker complains of chronic neck and low back pain. Symptoms have increased. The injured worker states she needs home care services to help with home chores. The injured worker received acupuncture and physical therapy and drives a car. The injured worker states driving a car results in an exacerbation of symptoms. Objectively, the injured worker ambulates with a single point cane. There is tenderness to palpation at the cervical, thoracic and lumbar paraspinal muscle groups with spasm. Motor function is 5/5. There is decreased sensation at the C7 dermatome. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation of the cervical spine and upper extremities. There is no conservative treatment directed to the cervical spine. The documentation indicates the injured worker has chronic neck pain. There is no clinical indication or rationale for a cervical spine magnetic resonance imaging scan. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal objective findings that identify specific nerve compromise and no documentation indicating conservative treatment to the cervical spine, MRI of the cervical spine is not medically necessary.