

<b>Case Number:</b>	CM15-0206283		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 01-27-2014. Medical records indicated that the injured worker is undergoing treatment for history of C4-7 fractures, C5-8 incomplete quadriplegia, and status post anterior cervical discectomy and fusion at C4-6 and posterior decompression at C3-T1. Treatment and diagnostics to date has included physical therapy, occupational therapy, and medications. Recent medications have included Baclofen, Colace, Neurontin, Ditropan, Percocet, and Protonix. Subjective data (08-31-2015 and 09-15-2015), included increased stiffness and spasticity. Objective findings (09-15-2015) included sustained clonus to right ankle and no increased tone in bilateral knees. The treating physician noted that the injured worker's wife continues to assist with intermittent catheterization, bowel training program, dressing, and most of activities of daily living. The Utilization Review with a decision date of 09-23-2015 non-certified the request for Licensed Vocational Nurse (LVN) care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Licensed vocational nurse (LVN) care 24hours/day:** Upheld

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

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

**Decision rationale:** This patient suffered a cervical spine fracture secondary to a fall on 1/27/2014, sustaining TBI and cervical spine fractures of C4-C7. The patient has residual deficits from spinal cord injury. The request is for an LVN 24 hours/day for urinary cath, bowel prep and transfer needs. Of note is that the patient's wife is being paid by the State to perform in-home services for the patient. CA MTUS Guidelines recommends home health services on a part-time or intermittent basis for no more than 35 hours/week. Thus this request of 168 hours/weeks far exceeds guidelines. Therefore the request is not medically necessary or appropriate.