

Case Number:	CM15-0209711		
Date Assigned:	10/28/2015	Date of Injury:	09/03/2014
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 61 year old female, who sustained an industrial injury on 09-03-2014. The injured worker was diagnosed as having other intervertebral disc displacement- lumbar region, neuralgia and neuritis- unspecified and post laminectomy syndrome-not elsewhere classified. On medical records dated 10-07-2015, the subjective complaints were noted as follow up visit for lumbar microdiscectomy, which was 2 weeks prior. The injured worker complained of severe pain in lower back and down right leg. Objective findings were noted as incision was well healed, with no signs of infection. Extreme sensitivity and tenderness from the lower ribs, down abdomen, down to the toes was noted. The injured worker was noted as complaining that she was unable to take care of herself due to pain even before surgery was noted. Treatment to date included medication. The injured worker was noted to be temporarily totally disabled. Current medications were listed as gabapentin and ibuprofen. The Utilization Review (UR) was dated 10-20-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for home health aide 8 hours a day for 2 weeks was non-certified and physical therapy daily for 1 week, then 3 times a week for 1 week was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 8 hours a day for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The injured worker is a 61-year-old female with a date of injury of 9/3/2014. The documentation indicates that the injured worker underwent a microdiscectomy for a bulging disc. Progress notes dated 10/7/2015 document a postoperative visit. She was 2 weeks post surgery. She complained of severe pain in the lower back radiating down the right lower extremity from the rib cage down to the toes in a nondermatomal fashion. She also complained of weakness and numbness. On examination she was ambulatory without the assistance and was able to sit comfortably on the examination table. A follow-up note dated October 21, 2015 documents continuing back pain and right leg pain related to prolonged sitting or standing. She was taking gabapentin 2 tablets 3 times a day and ibuprofen 2 tablets 3 times a day. She was using a walker around the house and the pain was under control. She had positive Waddell signs on examination and diffuse giveaway weakness of the entire right lower extremity. A home health aide was requested 8 hours per day for 2 weeks and physical therapy was requested 2 times a week for 6 weeks to start 2 weeks from 10/21/2015. California MTUS chronic pain medical treatment guidelines recommend home health services for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis. 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 provider is requesting home health aide services. And there is no documentation indicating that the injured worker is nonambulatory. As such, the medical necessity of the request has not been substantiated. The request is not medically necessary.

Physical therapy daily for 1 week, then 3 times a week for 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: With regard to the request for physical therapy, California MTUS postsurgical treatment guidelines recommend 16 visits over 8 weeks for a lumbar discectomy. The initial course of therapy is one half of these 16 visits which is 8. Then with documentation of continuing him improvement a subsequent course of therapy of the remaining 8 visits may be prescribed. The request as stated is for 10 visits which exceeds the guideline recommendation. As such the medical necessity of the request has not been substantiated. The request is not medically necessary.