

Case Number:	CM15-0218653		
Date Assigned:	11/10/2015	Date of Injury:	11/18/2004
Decision Date:	12/29/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 52 year old male, who sustained an industrial injury on 11-18-2004. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar disc disorder and mood disorder. Treatment and diagnostics to date has included lumbar spine surgery (10-06-2015), lumbar epidural steroid injections, cervical, thoracic, and lumbar spine MRI's, and medications. Recent medications have included Gabapentin, Prilosec, Cymbalta, Nortriptyline, Baclofen, Norco, and Flexeril. Subjective data on 08-27-2015 included low back pain rated 8 out of 10 with medications and 9 out of 10 without medications. On 09-29-2015, symptoms included bowel and bladder incontinence and back pain. Objective findings not noted on 09-29-2015 progress note but on 08-27-2015, findings included a global, slowed, antalgic gait, restricted cervical and lumbar spine range of motion, hypertonicity, spasm, tenderness, tight muscle band, and trigger point on palpation of lumbar paraspinal muscles, inability to walk on heel or toes, and positive lumbar facet loading bilaterally. Postoperative hospital progress note dated 10-15-2015 noted the injured worker being "much improved" at postoperative day #8 from lumbar surgery and planning discharge home with physical therapy, occupational therapy, and hospital bed. The Utilization Review with a decision date of 10-22-2015 non-certified the request for home health RN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health RN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (updated 09/22/15) - Online Version, 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) low back, home health aide.

Decision rationale: Objective findings not noted on 09-29-2015 progress note but on 08-27-2015, findings included a global, slowed, antalgic gait, restricted cervical and lumbar spine range of motion, hypertonicity, spasm, tenderness, tight muscle band, and trigger point on palpation of lumbar paraspinal muscles, inability to walk on heel or toes, and positive lumbar facet loading bilaterally. Postoperative hospital progress note dated 10-15-2015 noted the injured worker being "much improved" at postoperative day #8 from lumbar surgery and planning discharge home with physical therapy, occupational therapy, and hospital bed. ODG guidelines support home health aide with identified goals of therapy but the records do not indicate specific goals of home health RN. As such the medical records do not support home health RN congruent with ODG guidelines. The request is not medically necessary.