

Case Number:	CM15-0050672		
Date Assigned:	03/24/2015	Date of Injury:	04/16/2007
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 52 year old male sustained an industrial injury to the neck on 4/16/07. Previous treatment included magnetic resonance imaging, x-rays, epidural steroid injections, stellate ganglion blocks and medications. In a progress note dated 2/16/15, the injured worker complained of ongoing cervical spine pain rated 6/10 on the visual analog scale with left upper extremity radiculopathy. Physical exam was remarkable for cervical spine tenderness to palpation with paraspinal musculature spasms, dyesthesias down the left upper extremity and positive left Spurling's test. Current diagnoses included cervical spine disc displacement without myelopathy, cervical spine degenerative disc disease, intervertebral disc disorder with myelopathy, cervical spine spondylosis with myelopathy and lumbar spine spondylosis without myelopathy. The treatment plan included a C4-5 disc arthroplasty with associated services including postoperative home health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Home Health RN times 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, 9792.24.2 Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Visits Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent" basis, generally up to no more than 35 hours per week. 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." The surgical procedure was not approved, so there is no need for the home health visits. The request is not medically necessary.