

Case Number:	CM15-0056330		
Date Assigned:	04/01/2015	Date of Injury:	10/12/2010
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67 year old female, who sustained an industrial injury on 10/12/2010. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, epidural steroid injections, MRIs, electrodiagnostic testing, and cervical surgery. Per the last progress report submitted (11/05/2014) that was prior to the non-certification decision, the injured worker complained of low back and neck pain. The diagnoses include lumbago, lumbar radiculopathy, lumbar spondylosis, and myofascial pain. The treatment plan consisted of referral for surgical evaluation and follow-up. The surgical evaluation and request for authorization was not submitted. A post-operative exam (dated 03/31/2015) indicates that the injured worker was status post an anterior cervical discectomy and fusion with unknown date of procedure, and reported that the injured worker was down to 2 Percocet per day and was "looking great".

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative: Home health Aide (Unspecified Duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work-related injury in October 2010 and underwent an anterior cervical decompression and fusion. Pre-operative notes document normal gait without described activities of daily living limitations. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant's surgery appears to have been uncomplicated and she was seen prior to surgery on an outpatient basis without documented functional impairments. Following her surgery, she would not have been expected to require home based services. Therefore, the requested home aide was not medically necessary.