

Case Number:	CM15-0080172		
Date Assigned:	05/01/2015	Date of Injury:	07/12/2014
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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

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:

The injured worker is a 58-year-old female, who sustained an industrial injury on 7/12/14. She has reported initial complaints of low back pain after getting hit in the low back with a trash bin. The diagnoses have included lumbar stenosis, lumbago, lumbar radiculitis/neuritis, and past history of hypertension. Treatment to date has included medications, x-rays, Magnetic Resonance Imaging (MRI) of the lumbar spine, and conservative care. As per the physician progress note dated 10/8/14, the injured worker complains of continuous burning neck pain that radiates to the bilateral shoulders and upper back. The pain is rated 8/10 on pain scale. She also complains of continuous sharp and burning low back pain that radiates to the bilateral lower extremities and feet. The pain is rated 8/10 on pain scale. It is also associated with numbness, tingling and burning sensation. There are also complaints of weakness in the bilateral legs and feet with cramps. She also reports dizziness, problems with sleeping due to pain and depression. Physical exam revealed the range of motion in the cervical spine is limited due to pain, the range of motion in the lumbosacral spine is limited due to pain with positive Lewin's punch test in the lower lumbar spine segment, positive straight leg raise bilaterally and positive Kemp's test. The current medications included Ibuprofen and Tramadol. There was no diagnostic testing or urine drug testing noted in the records. Treatment plan was physical therapy, acupuncture, topical medication for pain and follow up. Work status was modified with restrictions. The physician requested treatment included In House Nurse Assistance for activities of daily living (ADL) assistance (3 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

In House Nurse Assistance for ADL (3 Months): Upheld

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

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

Decision rationale: MTUS Guidelines do not support the use of nursing service for home health care unless certain criteria are met. This includes a situation where the individual is clearly home bound which does not apply to this individual. ODG Guidelines provide additional details regarding home assistance needs, but this is not medical care and not the purvey of nurse assistance. The request for in home nurse assistance for 3 months (for ADLs) is not supported by Guidelines and is not medically necessary.