

<b>Case Number:</b>	CM14-0138986		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/15/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on December 15, 2004. The most recent progress note, dated July 23, 2014, indicates that there were ongoing complaints of neck pain. The physical examination demonstrated decreased cervical spine range of motion with guarding. There was weakness of the left deltoid 4+/5 and mild right-sided deltoid atrophy. There was a normal upper extremity neurological examination. Examination of the lower extremities indicated a positive right-sided tension sign. Diagnostic imaging studies of the cervical spine indicated a fusion from C4 through C7 and degenerative changes including facet joint hypertrophy and disc osteophyte complexes from C3 through C7. An MRI of the lumbar spine demonstrated a fusion from L4 through S1 and mild central canal stenosis and bilateral foraminal narrowing at L3 - L4. Previous treatment includes a cervical spine and lumbar spine fusion. A request had been made for a home wound VAC, daily home health nursing for wound VAC, dressing changes, and medical monitoring three times per week, and infusion IV antibiotics every eight hours, and was deemed not medically necessary in the pre-authorization process on August 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Daily home health nursing for wound vac dressing changes & Medical Monitor (Weeks)**

**#3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

**Decision rationale:** The medical record indicates that there was a peer to peer discussion with the injured employees surgeon on August 21, 2014, which indicated that the injured employees wound at the left posterior iliac crest, drainage of a pustule at the inferior aspect of the cervical spine that cultured pseudomonas, and the injured employees current diagnosis of leukemia, did not make the injured employee ready for discharge and assume home healthcare. As the injured employee is not being discharge from the hospital at this time, this request for daily home health nursing for wound VAC dressing changes and medical monitoring is not medically necessary.

**Home Infusion for IVAB every 8 hours (Unknown Duration)#1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

**Decision rationale:** The medical record indicates that there was a peer to peer discussion with the injured employees surgeon on August 21, 2014, which indicated that the injured employees wound at the left posterior iliac crest, drainage of a pustule at the inferior aspect of the cervical spine that cultured pseudomonas, and the injured employees current diagnosis of leukemia, did not make the injured employee ready for discharge and assume home healthcare. As the injured employee is not being discharge from the hospital at this time, this request for home infusion IV antibiotics every eight hours is not medically necessary.

**Home Wound Vac #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

**Decision rationale:** The medical record indicates that there was a peer to peer discussion with the injured employees surgeon on August 21, 2014, which indicated that the injured employees wound at the left posterior iliac crest, drainage of a pustule at the inferior aspect of the cervical spine that cultured pseudomonas, and the injured employees current diagnosis of leukemia, did not make the injured employee ready for discharge and assume home healthcare. As the injured employee is not being discharge from the hospital at this time, this request for daily home health nursing for a home wound VAC is not medically necessary.