

Case Number:	CM13-0046423		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2001
Decision Date:	05/27/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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: Texas, Florida, 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:

This 67 year old woman sustained an industrial injury on 6/3/2001. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy, multilevel stenosis, lumbar radiculopathy, lumbar disc herniation with stenosis, chronic pain syndrome, and rule out fibromyalgia. Treatment has included oral medications and home exercise program. Physician notes on a PR-2 dated 7/26/2013 show complaints of neck, interscapular, back, bilateral hips, bilateral knees, and bilateral arm pain as well as headaches. Recommendations include continue current medication regimen including Elavil, lorazepam, Atorvastatin, Aspirin, tramadol, and diclofenac, lumbosacral epidural steroid injection, transportation to medical appointments, continue home exercise program, urine toxicology screen, home health aide six hours per day, fibromyalgia blood test, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health aid 6 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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. (CMS, 2004). As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified. Therefore, this request is not medically necessary.

Fibromyalgia Blood Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. Per the Medical Disability Advisor, Fibromyalgia is a diagnosis made by physical exam, and ruling out other conditions. It is not based on blood testing. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriate non-certified under the medical sources reviewed. Therefore, this request is not medically necessary.