

Case Number:	CM15-0012464		
Date Assigned:	01/30/2015	Date of Injury:	08/20/2013
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 41 year-old male who has reported neck, shoulder, back, and pelvic pain after falling on 08/20/2013. His diagnoses include cervical spine sprain/strain, radiculitis, cervical disc bulge, right shoulder strain/sprain with tendonitis, bursitis, right forearm strain/sprain, cubital tunnel syndrome, lumbar spine strain/sprain, bilateral sacroiliac joint sprain, and status post (s/p) right pelvic fractures. He has been treated with physical therapy, chiropractic therapy, acupuncture, medications, and electrical stimulation. A shoulder surgery has been scheduled. The primary treating physician and chiropractor have been treating this injured worker since 4/22/14. A course of chiropractic care was given in June 2014. The primary treating physician obtained lumbar radiographs initially, and reported them as showing lumbarization of the sacrum. The orthopedic evaluation of 8/4/14 recommended shoulder surgery. There was no discussion of home care after surgery. The primary treating physician reports intermittently focus on low back pain. Pain, tenderness, and positive straight leg raising were present in September 2014 when acupuncture was prescribed. Per the PR2 of 12/15/2014, right shoulder surgery was scheduled for 01/14/2015. There was ongoing low back pain, decreased range of motion, and left foot numbness. The physical examination showed no neurological deficits. The treatment plan included an MRI of the lumbar spine, electrodiagnostic testing of the lower extremities, and home health care services for the right shoulder after the scheduled surgery. No specific indications were given for the home care other than the surgery itself. The physician documented that the need for home health care assistance was due to the injured worker's inability to perform daily activities such as cooking, cleaning, and driving after

right shoulder surgery. The checklist indications for "diagnostic studies" were paresthesia/radiculopathy, rule out (r/o) disc pathology, r/o internal derangement, and failed conservative therapy. On 12/30/2014 Utilization Review non-certified an MRI of the lumbar spine based on the MTUS. Nerve conduction velocity/electromyogram (NCV/EMG) was non-certified based on the MTUS. Home health care assistance 16 hours per day, 7 days per week for 1 week was non-certified based on the Official Disability Guidelines and lack of specific deficits. Additional home care was non-certified based on the Official Disability Guidelines and lack of specific deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance at frequency of 16 hours per day, 7 days per week for 1 week or 8 or 7 days per week for one week, initially: Upheld

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

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 chapter, home health services

Decision rationale: The MTUS recommends home care only for medical services for patients who are homebound, and excludes unskilled custodial/homemaker services, including cooking, cleaning, personal care etc. This injured worker would likely not meet the MTUS criteria, as the services are likely to be unskilled and the injured worker will not be homebound after a shoulder surgery. 16 hours a day services implies almost exclusively unskilled care. The cited Official Disability Guidelines provide a more detailed recommendation for home services, and allows for unskilled services. However, the treating physician must supply a more detailed prescription than has been provided in this case, including specific deficits, the provider's level of expertise, and evidence that the injured worker is homebound. This kind of prescription was not provided. The requested home care is not medically necessary based on the guidelines and lack of an adequate prescription.

Home health care then 4 hours per day, 7 days a week for 4 weeks: Upheld

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

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 chapter, home health services

Decision rationale: The MTUS recommends home care only for medical services for patients who are homebound, and excludes unskilled custodial/homemaker services, including cooking, cleaning, personal care, etc. This injured worker would likely not meet the MTUS criteria, as the services are likely to be unskilled and the injured worker will not be homebound after a shoulder surgery. The number of hours per day requested implies almost exclusively unskilled care. The cited Official Disability Guidelines provide a more detailed recommendation for home services, and allows for unskilled services. However, the treating physician must supply a more detailed prescription than has been provided in this case, including specific deficits, the provider's level of expertise, and evidence that the injured worker is homebound. This kind of prescription was not provided. The requested home care is not medically necessary based on the guidelines and lack of an adequate prescription.

Home health care finally, 4 hours per day, 3 days per week for 6 to 8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, home health services

Decision rationale: The MTUS recommends home care only for medical services for patients who are homebound, and excludes unskilled custodial/homemaker services, including cooking, cleaning, personal care, etc. This injured worker would likely not meet the MTUS criteria, as the services are likely to be unskilled and the injured worker will not be homebound after a shoulder surgery. The number of hours per day requested implies almost exclusively unskilled care. The cited Official Disability Guidelines provide a more detailed recommendation for home services, and allows for unskilled services. However, the treating physician must supply a more detailed prescription than has been provided in this case, including specific deficits, the provider's level of expertise, and evidence that the injured worker is homebound. This kind of prescription was not provided. The requested home care is not medically necessary based on the guidelines and lack of an adequate prescription.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309, 290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific

nerve compromise on the neurologic examination." No "red flag" conditions are identified. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. An MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS.

NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The treating physician has noted the presence of low back pain and the lack of any neurological deficits. There are no specific radicular signs. There is one mention of numbness in the foot, but this is not pathognomonic for radiculopathy and there are many possible etiologies for this. The reports do not adequately address the history of the back pain along with any other symptoms and physical findings which might be indications for electrodiagnostic testing. The MTUS recommends electrodiagnostic testing for patients with persistent low back pain and unclear neurological findings. In this case, there are no abnormal neurological findings and a lack of a clinical picture that would necessitate any electrodiagnostic testing. The recommended test for radiculopathy is an EMG, not an NCV. The treating physician has not provided indications for both the EMG and NCV. The electrodiagnostic testing is therefore not medically necessary.