

Case Number:	CM15-0111348		
Date Assigned:	06/17/2015	Date of Injury:	05/25/2002
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 57 year old female who sustained an industrial injury on May 25, 2002. She has reported neck pain, low back pain, and lower extremity pain and has been diagnosed with lumbar radiculopathy, status post fusion, lumbar spine, and osteoarthritis of the bilateral knees. Treatment has included medications and physical therapy. There was spasm noted bilaterally in the trapezius muscles and C3-6 bilaterally in the paraspinal muscles. The range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Tenderness was noted upon palpation in the paravertebral area L4-S1 levels. The range of motion of the lumbar spine was severely limited secondary to pain. Pain was significantly increased with flexion and extension. Straight leg raise with the injured worker in the seated position was positive bilaterally at 40 degrees. The treatment request included consultation for spine surgery and home care 8 hours a day, 7 days a week, for one year. A progress report dated May 8, 2015 states that the patient has increased symptoms in the low back and would like to see a surgeon to discuss surgical options. The note goes on to recommend Homecare 8 hours per day 7 days per week for "house cleaning, cooking, laundering, and personal care."

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation spine surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient has undergone surgery in 2013. The patient has a recent increase in symptoms. There is no documentation indicating that the patient has tried conservative treatment for the recent increase in symptoms, prior to the request for surgical consultation. It seems reasonable to exhaust conservative treatment options prior to requesting a surgical evaluation. As such, the currently requested consultation is not medically necessary.

Home care 8 hrs/day, 7 day/wk for one year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.