MAXIMUS Federal Services

Case Number:	CM15-0170779		
Date Assigned:	09/11/2015	Date of Injury:	11/10/2007
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic neck pain with derivative complaints of anxiety, depression, and headaches reportedly associated with an industrial injury of November 10, 2007. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for home healthcare. The claims administrator referenced an August 12, 2015 RFA form in its determination. It was stated that the applicant was scheduled to undergo a cervical spine surgery on August 21, 2015. The claims administrator did not incorporate any guidelines into its report rationale. The applicant's attorney subsequently appealed. On an RFA form dated July 8, 2015, authorization was sought for a multilevel cervical spine surgery. An associated hospitalization, DVT compression system, cold therapy unit, bone growth stimulator, medical clearance, and postoperative physical therapy were sought. On July 31, 2015, the applicant was placed off of work, on total temporary disability. Flexeril and Prilosec were endorsed. The attending provider reiterated his request for a multilevel cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 5-6 Hours Day/ Mon-Fri x 30 Days: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: Yes, the proposed home healthcare at a rate of five to six hours a day for 30 days was medically necessary, medically appropriate, and indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are home-bound and further stipulates that homemaker services such as cooking, cleaning, shopping, and the like do not represent medical treatment, the MTUS position on this case, is superseded by a more updated Medical Treatment Guideline (MTG) in the form of ODG's Chronic Pain Chapter Home Health Services topic, which notes that home health services are recommended on a short-term basis following major surgical procedures. Here, the applicant was scheduled to undergo a multilevel cervical fusion surgery on August 21, 2015. It was reasonable or plausible to expect that the applicant would have home health needs to include dressing changes, assistance with activities of daily living, etc., during the immediate aftermath of the multilevel cervical spine surgery. Moving forward with the short-term request for home health services on a short-term basis following planned cervical spine surgery was, thus, indicated and in-line with ODG's Chronic Pain Chapter Home Health Services topic. Therefore, the request was medically necessary.