

Case Number:	CM15-0178844		
Date Assigned:	09/21/2015	Date of Injury:	01/12/2010
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

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 56 year old male, who sustained an industrial injury on 01-12-2010. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar discogenic disease with radiculopathy, chronic low back pain, lumbar facet arthropathy, cervical discogenic disease, chronic cervical spine sprain-strain, and history of umbilical hernia of industrial causation. Treatment and diagnostics to date has included physical therapy, lumbar epidural steroid injection, and use of medications. Current pain medications include the use of medical marijuana, Norco, and Neurontin. In a progress note dated 07-09-2015, the injured worker reported chronic low back pain and cervical spine pain rated 10 plus out of 10 and decreased to 7-8 out of 10 with medication use. Objective findings included cervical and lumbar spine spasms with painful and limited range of motion. The request for authorization dated 08-12-2015 requested Norco, Gabapentin, and physical therapy evaluation for home exercise program. The Utilization Review with a decision date of 08-18-2015 non-certified the request for physical therapy evaluation for home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation for home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work injury in January 2010 and continues to be treated for chronic neck and low back pain. When seen, he was having worsening back pain. Conservative treatments had included physical therapy, medications, and an epidural injection. Physical examination findings included lumbar spasms with decreased and painful range of motion and positive straight leg and Lasegue testing bilaterally. There was lower extremity weakness bilaterally and decreased right lower extremity sensation. A lumbar fusion was being planned including a 3 day inpatient stay with DME of a post-operative brace, rolling walker, and commode. Authorization for a postoperative home health evaluation and home health aide for four hours per day five days per week for two weeks for post-operative wound evaluation, medication management, and to ensure the claimant was performing a home exercise program was requested. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has not undergone the planned procedure. A need for home health services prior to undergoing the procedure cannot be predicted. The requested services cannot be accepted as being medically necessary. Therefore, the request is not medically necessary.