

Case Number:	CM15-0037957		
Date Assigned:	03/06/2015	Date of Injury:	11/28/1999
Decision Date:	04/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 54 year old female who sustained a work related injury on November 28, 1999, incurring a back injury. She was diagnosed with lumbar disc disease, radiculopathy, left lower leg radiculopathy. She underwent a surgical spinal fusion. Treatment included pain medications, pain patches, and spinal column stimulator placement. Currently, the injured worker had developed a spinal cord stimulator battery pack infection requiring antibiotics. On January 26, 2015, a request for a service of Home Health Nurses for administration of intravenous antibiotics, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Nurse for Intravenous Antibiotics: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services.

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

Decision rationale: The 54 year old patient complains of chronic back pain, postlaminectomy of lumbar region, hyperlipidemia and chest pain, as per progress report dated 01/14/15. The request is for HOME HEALTH NURSE FOR INTRAVENOUS ANTIBIOTICS. There is no RFA for this case, and the patient's date of injury is 11/28/99. The patient is status post fusion at L4-5 in December 2001, and spinal cord stimulator on 12/17/14. The reports do not document the patient's work status. MTUS Guidelines page 51 has the following regarding home service, "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. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." As per progress report dated 01/13/15, the patient has an infected hematoma and/or battery unit, and has been placed on antibiotics. In progress report dated 01/14/15, the treating physician states infectious disease consultant has recommended home IV vancomycin, PO rifampin and Valtrax. The request is for home health nurse to give intravenous antibiotics. MTUS guidelines support home health nurse for medical purposes. Hence, the request IS medically necessary.