

Case Number:	CM15-0068746		
Date Assigned:	04/16/2015	Date of Injury:	11/18/2014
Decision Date:	05/21/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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, Illinois

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 injured worker (IW) is a 50-year-old female who sustained an industrial injury on 11/18/2014. Diagnoses include cervical spine musculoligamentous sprain/strain-rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia and C5-C6 spondylosis with dynamic instability. Treatment to date has included medications and physical therapy. Diagnostics included x-rays and MRIs. According to the progress notes dated 1/26/15, the IW reported continuous neck pain that radiated down to the mid back and shoulders with frequent headaches associated with nausea, dizziness and blurred vision. A request was made for a bone growth stimulator and a home health aide three to four hours per day for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Bone growth stimulators (BGS).

Decision rationale: The injured worker sustained a work related injury on 11/18/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous sprain/strain-rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia and C5-C6 spondylosis with dynamic instability. Treatment to date has included medications and physical therapy. The medical records provided for review do not indicate a medical necessity for BONE GROWTH STIMULATOR. The records indicate the injured worker had cervical fusion on 03/25/15. A request has been made for Bone Growth Stimulator. The MTUS is silent on this, but the Official Disability Guidelines states it is understudy for spinal fusion, but the results have been controversial. Nevertheless, the Official Disability Guidelines requires that if patients with risk factors for failed spinal fusion, the patient could be offered Bone Growth Stimulator as an adjunct to spinal fusion surgery. Such risk factors include: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiograph. The records indicate the injured worker never smoked, has no past medical history, the injured worker does not have any of the above listed risk factors. The request is not medically necessary.

HOME HEALTH AID 3-4 HRS PER DAY X 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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) Neck and Upper Back (Acute & Chronic) Home health services (trauma, headaches, etc., not including stress & mental disorders Home health services.

Decision rationale: The injured worker sustained a work related injury on BONE GROWTH STIMULATOR. The medical records provided indicate the diagnosis of cervical spine musculoligamentous sprain/strain-rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia and C5-C6 spondylosis with dynamic instability. Treatment to date has included medications and physical therapy. The medical records provided for review do not indicate a medical necessity for HOME HEALTH AID 3-4 HRS PER DAY X 2 WEEKS. The MTUS and the Official Disability Guidelines state, " home health services is 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The request is not medically necessary.

