MAXIMUS Federal Services

Case Number:	CM15-0096922		
Date Assigned:	05/27/2015	Date of Injury:	01/06/2012
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 is a 70-year-old female who sustained an industrial injury on 01/06/2012. The injured worker was diagnosed with cervical facet hypertrophy with foraminal stenosis and lumbar degenerative disc disease, lumbar radiculopathy and lumbar herniated nucleus pulposus with stenosis. The injured worker underwent cervical spine fusion at C4-C7 in February 2013 and an anterior cervical diskectomy with bilateral neural foraminotomies and decompression, anterior cervical arthrodesis and instrumentation at C3-C4 on January 13, 2015. Treatment to date includes cervical spine and lumbar spine magnetic resonance imaging (MRI) in May 2014, electro diagnostic studies, surgery, cervical and lumbar epidural steroid injection, physical therapy, Botox injections, acupuncture therapy and medications. According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience neck pain with burning to the left upper extremity, hand and sometimes to her head. The injured worker rates her neck pain level at 5-8/10. She also reports low back pain radiating to the right lower extremity to the ankle and rates this pain at 6-8/10. Examination of the cervical spine demonstrated tenderness to palpation of the bilateral paraspinal muscles with decreased range of motion, positive facet loading test bilaterally and abnormal sensation at C5 dermatome distribution. The lumbar spine examination revealed tenderness to palpation of the bilateral lumbar paraspinal muscles with decreased flexion and extension, negative bilateral straight leg raise, intact sensory of both lower extremities with a 5-/5 of the left extensor hallucis longus muscle. Current medications are listed as Norco, Tramadol, Senna, Dexilant, Gabapentin and Lidoderm patches. Treatment plan consists of continuing with medication regimen, follow-up

with neurologist for headaches, transforaminal epidural steroid injection (ESI) right L5 and S1 and the current request for continued Home Health Care, (hours), Qty 72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Home Health Care, (hours), Qty 72: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-2.6 Page(s): 51.

Decision rationale: According to the MTUS Home health services are recommended only for otherwise recommended medical treatment for patients who arehomebound, 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. In this case, the documentation does not support that the patient is homebound and requiring medical treatment. The services are not medically necessary.