

Case Number:	CM14-0150496		
Date Assigned:	09/18/2014	Date of Injury:	04/08/2005
Decision Date:	11/04/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 04/08/2005 due to an unknown mechanism. The most current progress notes submitted for review were very illegible, handwritten, and copy quality was poor. Physical examination on 04/15/2014 revealed significant depression, periods of anxiety reactive to chronic pain, sleep disturbance, social withdrawal, and lowered self-confidence. Diagnosis was major depressive disorder, recurrent, moderate. Examination revealed the injured worker was anxious about starting over with a new psychiatrist and therapist due to the office closing in the next month. The injured worker was feeling overwhelmed by even simple tasks such as doing laundry, going to the market, and washing her hair. The injured worker recently did find someone to come clean her apartment once a week for a reasonable rate. Medications were Cymbalta, trazodone, Ambien, and Klonopin. The treatment plan was for MRI of the cervical spine, EMG/NCV of the right upper extremities, and decision for home care (4 hours/day, 3 days/week for 6 weeks). The rationale and Request For Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The decision for MRI of the cervical spine is not medically necessary. The California ACOEM states for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observations fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If the physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (Magnetic Resonance Imaging [MRI] for neural or other soft tissue, computed tomography [CT] (for bony structure). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The rationale for ordering an MRI of the cervical spine was not submitted. There was no emergence of a red flag sign or symptom on physical examination. The clinical information submitted for review does not provide evidence to justify an MRI of the cervical spine. Therefore, this request is not medically necessary.

EMG/NCV of the Right Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The decision for EMG/NCV of the right upper extremities is not medically necessary. The California ACOEM states criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The rationale for ordering an EMG/NCV of the right upper extremities was not reported. There was no emergence of a red flag on physical examination or deficits reported on the neurologic dysfunction. There is a lack of documentation to justify the decision for EMG/NCV of the right upper extremities. Therefore, this request is not medically necessary.

Home Care (4 hours/day, 3 days/week for 6 weeks): Upheld

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

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

Decision rationale: The decision for home care (4 hours/day, 3 days/week for 6 weeks) is not medically necessary. The Official Disability Guidelines state that home health services are recommended as indicated. These services include both medical and nonmedical services for patients who are homebound and who require one or a combination of the following, skilled nursing care by a licensed medical professional for tasks such as administration of intravenous drugs, dressing changes, physical therapy, speech language pathology services, and occupational therapy. Home health aide services for health related tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer, assistance with administration of oral medications, and/or domestic services such as shopping, cleaning, laundry that the individual is no longer capable of performing due to the illness or injury. Justification for medical necessity of home health services requires documentation of the medical condition that necessitates home health services, including objective deficits in function and the specific activities precluded by such deficits, the expected kinds of services that will be required, with an estimate of the duration and frequency of such services, the level of expertise and/or professional licensure required to provide the services, evaluation of the medical necessity of home health care services must be made on a case by case basis. The physician's treatment plan usually includes an in home evaluation by a home health care agency registered nurse to assess the appropriate scope, extent and level of care for home health care services. A one-time home health care evaluation is appropriate if the treatment plan is unclear and not already ordered by the treating physician. The rationale for the decision for home care was not submitted. It was not reported that the injured worker was home bound or unable to ambulate. The clinical information submitted for review does not provide evidence to justify home care. Therefore, this request is not medically necessary.