MAXIMUS Federal Services

Case Number:	CM13-0012493		
Date Assigned:	03/24/2014	Date of Injury:	06/01/1995
Decision Date:	06/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 patient is a 59 year old male who was injured on 06/01/1995 while lifting a gate. Prior treatment history has included physical therapy, one lumbar epidural injection, Norco and Flexeril. The patient underwent Diagnostic studies reviewed include MRI of the lumbar spine performed on 05/26/2012 revealed loss of disc height at L5-S1 with straightening of the normal lumbar lordosis. There are 4 mm disc protrusions at L5-S1 and L4-5 with moderate facet arthropathy. There is neural foraminal narrowing at L5-S1 with compromise on the exiting L5 nerve root. PR2 dated 08/06/2013 documented the patient to have complaints of chronic, severe low back pain. Objective findings on examination of the lumbar spine revealed the patient ambulated with a normal gait. There is no limp present. The patient stands with a normal lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximums on the right and left show no evidence of atrophy, bilaterally. There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles. With direct palpation, there is no generalized tenderness in the lumbar spine. There is no tenderness in the right or left sacroiliac joints, bilaterally. There is no tenderness in the right or left sciatic notches, bilaterally. Range of motion revealed flexion is to 40 degrees, with increased low back pain; extension is to 0 degrees with increased low back pain; right and lateral bending is to 10 degrees, with increased low back pain; straight leg rising is to 50 degrees, bilaterally, without pain in the lower back region. Motor testing is intact 5/5 in all muscle groups bilaterally. Sensation in the lower extremities is not impaired. Deep tendon reflexes are 2+ bilaterally in the knees and ankles. The patient was diagnosed with 1) Lumbar degenerative disc disease; 2) Lumbar spine Myoligamentous sprain/strain; and 3) chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, 7.

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

Decision rationale: The CA MTUS details regarding Home Health Services: "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. (CMS, 2004)." Home Health Services are not medically necessary; recommend modification to 1-time home health evaluation to see if home health services are warranted as the treating provider requested.