

Case Number:	CM13-0028060		
Date Assigned:	11/22/2013	Date of Injury:	12/10/2008
Decision Date:	02/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 35-year-old female who reported injury on 12/10/2008. The mechanism of injury was a fall. Her initial complaints were pain in the neck, arm, low back, and an unspecified leg pain. Her initial course of treatment is unclear; however, she is known to have received a lumbar fusion and hardware placement at L4-5 and L5-S1. Despite the surgery, the patient continued to complain of severe symptoms and had a spinal cord stimulator placed on an unknown date, and she reports that it helps to alleviate her neuropathic leg pain. The patient continues to complain of pain, most severe in the area of her fusion. She has current pain management to include medications and trigger point injections. The patient states trigger point injections offer her 60% relief of pain, but there is no documentation regarding their effect on her overall functional ability. The patient's current medications include Cymbalta 60 mg 2 times a day, Klonopin 1 mg 2 times a day as needed, Topamax 100 mg 2 times a day, Robaxin 750 mg 3 times a day, Phenergan 25 mg q day, Demerol 100 mg q day, Exalgo 32 mg q day, Dilaudid 4 mg 1 to 2 three times a day, Prilosec 20 mg 2 tabs q day, Lidoderm 5% dermal patch 2 patches q day, and Subsys 800 mcg 1 two times a day. The patient's current diagnoses include lumbar disc herniation/injury at multiple levels with radiculopathy; status post lumbar spinal surgery, with continued pain; possible painful hardware; myofasciitis; sacroiliitis; situational reactive depression secondary to above; and cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care nurse 8 hours per day for 5 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines recommend home health services for patients who are home bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. Guidelines state that 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 it is the only care needed. In the most recent clinical note dated 07/31/2013, the patient reports having difficulty performing daily care duties at home. The objective physical examination on this date states that the patient has full range of motion to her upper extremities and no muscle tone deficits. There was a noted decreased range of lumbar motion to include 30 degrees of flexion, 15 degrees of lateral motion bilaterally, and minimal extension that produced pain. However, the clinical note did not elaborate on the patient's report of difficulties in performing daily care duties. It is unclear whether she is having difficulty with personal care or general housekeeping. Furthermore, guidelines recommend up to 34 hours per week, and the current request is for 45 hours per week. As such, the request for home health care nurse 8 hours per day for 5 days a week is non-certified.