

Case Number:	CM13-0036848		
Date Assigned:	10/29/2014	Date of Injury:	11/05/2001
Decision Date:	12/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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:

This 54 year-old patient sustained an injury on 11/5/2001 while employed by [REDACTED]. Request(s) under consideration include In-home assistive care and light housework for ADLs, 4 hrs. per day, 2x per week for 12 months. Diagnoses include lumbar stenosis/ compression fracture s/p lumbar laminectomy and fusion (unknown date) with subsequent intrathecal pump implant on 2/1/07; ACDF in 2008 with repeat fusion in 2009; PLIF at L3-4 in March 2010 with revision in June 2010 and spine fusion from T4-S1 in June 2011 with rod replacement CTLS in March 2012. It has been over 2-1/2 years since last surgery dated of March 2012. Request for In-home assistance for 12 months was made on 6/11/13. Report of 9/26/13 from the provider noted the patient with long chronic history of intractable pain with regular maintenance of intrathecal drug delivery refills continued; pain rated at 5/10 on pump medications and 10/10 without. The patient continues to be temporary totally disabled until fully recovered. Prior to therapy of pain pump, the patient was noted to be practically bedridden from intractable pain. Symptoms include continued lower back pain with radiating into the legs along with right shoulder pain and weakness. The patient was accompanied by her husband at the appointment. Exam showed diffuse midline lower back tenderness with paraspinal muscle spasm and atrophy; antalgic gait was slow with use of a cane. The request(s) for In-home assistive care and light housework for ADLs, 4 hrs. per day, 2x per week for 12 months was non-certified on 10/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home assistive care and light housework for ADLs, 4 hrs per day, 2x per week for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: This 54 year-old patient sustained an injury on 11/5/2001 while employed by [REDACTED]. Request(s) under consideration include In-home assistive care and light housework for ADLs, 4 hrs. per day, 2x per week for 12 months. Diagnoses include lumbar stenosis/ compression fracture s/p lumbar laminectomy and fusion (unknown date) with subsequent intrathecal pump implant on 2/1/07; ACDF in 2008 with repeat fusion in 2009; PLIF at L3-4 in March 2010 with revision in June 2010 and spine fusion from T4-S1 in June 2011 with rod replacement CTLS in March 2012. It has been over 2-1/2 years since last surgery dated of March 2012. Request for In-home assistance for 12 months was made on 6/11/13. Report of 9/26/13 from the provider noted the patient with long chronic history of intractable pain with regular maintenance of intrathecal drug delivery refills continued; pain rated at 5/10 on pump medications and 10/10 without. The patient continues to be temporary totally disabled until fully recovered. Prior to therapy of pain pump, the patient was noted to be practically bedridden from intractable pain. Symptoms include continued lower back pain with radiating into the legs along with right shoulder pain and weakness. The patient was accompanied by her husband at the appointment. Exam showed diffuse midline lower back tenderness with paraspinal muscle spasm and atrophy; antalgic gait was slow with use of a cane. The request(s) for In-home assistive care and light housework for ADLs, 4 hrs. per day, 2x per week for 12 months was non-certified on 10/11/13. MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation the patient is homebound or what specific deficient performance is evident in activities of daily living. The patient continues to be ambulatory with use of cane, accompanied by her spouse to the office visits. Exam indicated diffuse tenderness and decreased range; however, has no clear neurological deficits. The In-home assistive care and light housework for ADLs, 4 hrs. per day, 2x per week for 12 months is not medically necessary and appropriate.