

Case Number:	CM13-0039653		
Date Assigned:	12/20/2013	Date of Injury:	02/19/1978
Decision Date:	02/18/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine and is licensed to practice in Maryland. 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:

This 67 year old male was injured on February 19, 1978. The mechanism of injury is unknown. The patient has been treated for low back pain after multiple lumbar surgeries including L2 through S1 fusion, subsequent removal of hardware, L1-L2 fusion. Other medical problems included obstructive sleep apnea and major depressive disorder. The evaluation included multiple MRIs (2007, 2008) showing the post-operative changes, discogram showing degenerative disc at L1-2 and fusion from L2-S1. The medications included Benicar, Norco, Flexeril, Ambien, Zetia, Lipitor and trazadone. The following was taken directly from the utilization the claimant presented on August 14, 2013 for evaluation. The patient was not working. The patient thought his permanent disability advanced, but he was not sure. He indicated that he had good days and bad days. He complained of being depressed and experiencing neck and back pain, in addition to other aches and pains. Objective examination revealed neck flexion restricted at 44 Deg and extension to be restricted at 15 Deg with tenderness in the paracervical spine. Low back flexion measured 48 Deg and extension 10 Deg with tenderness at L1 through S1. The provider refilled the patient's analgesic medications and offered encouragement. The provider stated that the patient remained symptomatic and needed ongoing treatment with pain consultation and medication. He recommended a urology consultation for erectile dysfunction. The provider also requested home care assistance, as the patient required home assistance and perhaps home modification in terms of cleaning and activities of daily living. The provider added that performing these activities would impinge on the patient's injuries and disabilities producing increased pain and need for additional treatment if home care assistance and modifications are not provided for the patient. Provider also added that the patient should have an assessment by a nurse specialist, home health assistance specialist or home modification expert to determine the patient's needs and how to accommodate the patient's

needs. This would include such things as assistance with cleaning, childcare, home modifications for safety, assistance with activities of daily living, cooking and household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patient Selection Criteria

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

Decision rationale: As per MTUS guidelines, home health services is recommended only 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. The review of records showed no evidence that the patient was home bound. In addition, there are no objective findings to indicate that he is not able perform his activities of daily living. Based on the above findings, the medical necessity criterion for home care assistance is not met