

<b>Case Number:</b>	CM13-0039924		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 32-year-old male who reported an injury on 05/21/2012. The mechanism of injury was reported that the patient was transferring boxes of seafood weighing 60 pounds each from 1 pallet to another when he suddenly felt sharp pain in his lower back. The patient was diagnosed with musculoligamentous strain of the lumbar spine with lumbar radiculopathy and anterolisthesis at L5-S1. The patient continued to complain of low back pain. Physical examination of the lumbar spine revealed range of motion extension was 20/25/20 degrees, forward flexion was 30/33/60 degrees, left lateral flexion was 20/20/20 degrees, and right lateral flexion was 20/20/20 degrees. The patient had no weakness of the lower extremities, no sensory loss to light touch, and deep tendon reflexes were symmetrical at knees and ankles. The patient also had no evidence of listing, scoliosis, or muscle spasm, and had normal lumbar lordosis. The patient also had no tenderness to gentle palpation along the lumbar spine, sciatic notches, or sacroiliac joints. X-rays of the lumbar spine revealed grade I to grade II spondylolisthesis with narrowing at L5-S1. The patient was prescribed medication and physical therapy and return to work restrictions. The patient also received 2 trigger point injections into the lumbar spine, which were reported to give him temporary relief. The clinical documentation dated 07/29/2013 does state that the patient began a new job on 07/26/2013. The duties at this job are less strenuous.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health services for low back, twice a week for three weeks: Upheld**

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

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

**Decision rationale:** CAMTUS states home health services are recommended for patients who are home-bound, 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 patient continued to complain of low back pain but had returned to work at a less strenuous job. The clinical documentation submitted for review indicates that the patient is not home-bound on a part time or intermittent basis. Given the lack of documentation to support the guideline criteria, the request is non-certified.