MAXIMUS Federal Services

Case Number:	CM13-0041648		
Date Assigned:	12/20/2013	Date of Injury:	06/29/1996
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 6/29/96 due to lifting which resulted in low back symptoms. The treatment since has included a total of 8 back surgeries to treat multiple herniated discs, a pain pump, and 6 physical therapy sessions to date. Objective findings include diffuse bilateral parathoracic tenderness to palpation and antalgic gait. A computed tomography (CT) scan of the lumbar spine revealed the presence of post-operative changes at L2-S1 with solid fusion with intact hardware. A thoracic CT scan revealed interpedicular fusion at T10-11 with pedicle screws at T12-L1 having been removed. An office note dated 7/26/12, reports that the patient is able to walk 2 miles. The patient reports pain which awakens her as well as burning pain bilaterally to feet and increased sensitivity. There is no clinical information provided that indicates the patient is homebound and that there is a need for assistance with bathing, dressing, and toileting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS guidelines recommend home health care only if the patient is homebound and home health care is not to include homemaker services such as shopping, cleaning, and laundry but may include bathing, dressing, and toileting. In this patient's case, the medical records submitted for review provide no clinical information to indicate that the patient is homebound. Moreover, there is no current evaluation provided as to what the patient's current status is and as such, the requested services are non clinically indicated. The request for home health care is not medically necessary and appropriate.