

Case Number:	CM13-0048854		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2006
Decision Date:	04/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 47-year-old male with date of injury of 04/01/2001. The listed diagnoses dated 09/20/2010 are: Lumbar degenerative disk disease, Status post interbody arthrodesis L4-L5, L5-S1 with pseudarthrosis L4-L5, Depression, Suspected left genitofemoral nerve injury. According to the progress report dated 09/20/2010, the patient complains of back, leg and left testicular pain. The physical examination shows that he has a well-healed mid lumbar incision 5 cm in length. He also has a palpable neurostimulator in the iliac fossa. The patient has very limited side-bending only about 10% of normal. The sensory examination shows the patient complains of numbness in the left leg diffusely. The treater also referenced an MRI study of the patient's right hip that is showing a mild bilateral hip osteoarthritis. Additionally, the EMG testing on 01/29/2009 identified a left-sided L5 lumbosacral radiculopathy. The treater is requesting home health care 6 hours per day, 5 days per week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE PER PREVIOUS PARAMETERS (ASSISTANCE/AID 6 HOURS PER DAY, 5 DAYS PER WEEK FOR 8 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with back, leg, and left testicular pain. The treater is requesting home health care assistance for 6 hours a day, 5 days per week for 8 weeks. The utilization report dated 10/07/2013 denied the request stating that, "There is no documentation that the patient is home bound in a part-time or intermittent basis. The patient requires recommended medical treatment and homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom, is not the only care needed." The MTUS Guidelines page 51 on home health services recommends this service for patients who are homebound on a part-time or intermittent basis. The QME report dated 10/23/2012 by [REDACTED] shows that the patient is well-developed and moderately obese. He uses a right-handed walking cane, displaying a limp favoring his right leg. The treating physician's requesting progress report was not made available for review to verify the rationale behind the request. It is unclear why the treater is requesting home health care assistance. The patient does not appear to post-operative and no specific needs are addressed by the treater. The patient is a 47-year-old male with no indications he is unable to care for himself. The patient does not carry a diagnosis that would result in the patient being home-bound. While chronic pain can be disabling, the treater does not provide any documentation as to why this patient is not able to care for himself and do simple house chores. Therefore, recommendation is for denial.