

Case Number:	CM13-0057401		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2012
Decision Date:	08/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Alabama. 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 35 year-old male who was injured on 07/30/2012 while performing his usual and customary job duties. He was ascending a stair case while carrying buckets of water when he stepped on a screw with his right foot. Prior treatment history has included Biofreeze gel, Relafen, Physical Therapy, Chiropractic Therapy, Acupuncture and Epidural Injections all of which failed. Diagnostic studies reviewed include an MRI of the lumbar spine dated 08/09/2013 which demonstrated a 2 mm central disc protrusion at T11-T12; small 3 mm left lateral foraminal disc protrusion at L4-5; bilateral paracentral and lateral disc herniation at L5-S1 with right paracentral component more prominent; compression of thecal sac and bilateral S1 nerve roots; There is contact with bilateral L5 nerve roots; Moderate spinal canal compromise with mild facet arthropathy and ligamentum flavum hypertrophy. On the note dated 08/23/2013, it is noted that if the patient decided to proceed with surgery, left-sided L5-S1 microdiscectomy and hemilaminectomy, he would need postoperative home health care for the purpose of wound cleaning and assistance with activities of daily living 8 hours a day for 4 weeks. The surgery was noted as non-certified. The progress report dated 12/16/2013 states the patient has pain to his back with radiation into his legs, left worse than right. He continued to complain of numbness and tingling. He complained of weakness as well. He reported prolonged standing and walking increases his pain. He also has difficulty sleeping at night and he states he feels fatigued. On exam, he has midline and paraspinal tenderness of the lumbar spine. There is left sciatic notch tenderness. Straight leg raise is positive on the left side. Diagnoses are penetrating right foot injury; L5-S1 disc herniation with left lower extremity radiculopathy; and insomnia. Prior utilization review dated 11/19/2013 states the request of home health care 8 hours a day for 7 days a week for 4 weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 8 HOURS A DAY 7 DAYS X 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

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

Decision rationale: The CA MTUS guidelines recommend the use of home health service for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week and help with home activities due to functional limitations. The medical records document that the patient has not undergone any lumbar surgery and there is not current authorization for the surgery. Therefore post-surgical home health service is not necessary. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.