

Case Number:	CM13-0066818		
Date Assigned:	01/03/2014	Date of Injury:	07/01/1996
Decision Date:	04/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Family Practice 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 claimant is a 45 year old male who injured his low back in a work related accident on January 20, 2013. The clinical records provided for review included an orthopedic assessment by [REDACTED] on November 14, 2013 who noted that the claimant had lumbar complaints with continued axial pain radiating to the bilateral lower extremities. Objective findings on examination showed restricted range of motion, positive straight leg testing and spasm. The neurologic examination was not noted. The diagnosis was L4-5 and L5-S1 disc herniation with stenosis and annular tearing. A report of an MRI of the lumbar spine dated November 11, 2013 documented a four millimeter broad based protrusion at L4-5 with facet hypertrophy and at the L5-S1 level a disc protrusion and moderate to severe neuroforaminal narrowing. The clinical imaging did not document any degree of lumbar instability. The recommendation was made for a two level fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HOME CARE ASSISTANCE FOUR (4) HOURS PER DAY, SEVEN (7) DAYS PER WEEK, FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), updated 02/14/12): Home health services

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

Decision rationale: The Chronic Pain Guidelines indicate that home health services are recommended only for patients who are homebound and who are in need of part-time medical treatment. Medical treatment does not include homemaker services or personal care given by home health aides. There was lack of documentation indicating that the patient had the need for medical care. Given the above, the request for additional home care assistance four (4) hours per day, seven (7) days per week, for six (6) weeks is not medically necessary.