

Case Number:	CM13-0067216		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2010
Decision Date:	05/19/2014	UR Denial Date:	12/03/2013
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 Occupational Medicine 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 [REDACTED] employee who has filed a claim for lumbar radiculopathy associated with an industry injury of May 04, 2010. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, Gabapentin, Pantoprazole, vitamin D, exercise program, physical therapy, and trigger point injections. The patient has had lumbar fusion surgery (date unspecified) with improvement of low back pain. In a utilization review report of December 03, 2013, the claims administrator denied a request for home health care 3 times a week for 4 weeks as there is no rationale to support medical necessity. Review of progress notes shows that patient complains of neck, back, and bilateral shoulder pain limiting ability to perform ADLs in terms of self-care/hygiene, activity, ambulation, and sleep. Range of motion of cervical and lumbar spine is limited to pain, with tenderness of lumbar area. EMG from August 12, 2010 showed mild chronic C5-6 radiculopathy on the left and chronic L5-S1 radiculopathy on both right and left.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: As noted on page 51 of the Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week, which does not include homemaker services. In this case, patient has difficulty performing certain ADLs such as hygiene, but there is no clear indication that the patient needs medical services for the purposes of home health. Therefore, the request for home health care three times a week for 4 weeks was not medically necessary per the guideline recommendations of MTUS.