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| Case Number: | CM13-0069785 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/31/2007 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 has submitted a claim for right L4-L5 radiculitis secondary to foraminal stenosis associated with an industrial injury date of July 31, 2007. Treatment to date has included oral and topical analgesics, lumbar spine surgery, epidural steroid injection and physical and occupational therapy. Medical records from 2013 were reviewed and showed lumbar pain radiating to the right leg noted on lumbar forward flexion greater than 60 degrees. Physical examination showed limitation of motion of the lumbar spine with positive sciatic nerve test on the right. Deep tendon reflexes were absent at ankles and knees, and sensation was decreased at the right L4 dermatome. The diagnosis was right L4-L5 radiculitis secondary to foraminal stenosis, L4-L5 and L5-S1 painful pseudoarthritis, status post global decompression fusion instrumentation at L3-L4 and history of remote left subcortical stroke. The patient was prescribed with several oral and topical pain medications which decreases the pain from 9/10 to 5/10 on a pain scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH WITH INITIAL AND 2 FOLLOW UP VISITS: 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, Home Health Services.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Home health service does not include homemaker services or personal care. In this case, objective evidence with regards to safety issues and home health assessment were not provided. In addition, the indication and description of the actual services to be performed were not discussed. Therefore, the request for a home health initial and 2 follow-up visits is not medically necessary.