

Case Number:	CM13-0071450		
Date Assigned:	01/08/2014	Date of Injury:	01/22/2012
Decision Date:	05/07/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	12/27/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 59-year-old injured in a work-related accident on 1/22/12. Recent clinical assessment from 11/15/13 indicates complaints of chronic low back pain noted to be status post an L5-S1 fusion on 9/26/13. Physical examination showed tenderness to palpation with the claimant utilizing a back brace with deferred range of motion and no documented neurologic findings. The specific request at that date in regard to the claimant's current status was for home care assistance eight hours per day seven days per week for an additional six weeks. Further clinical records are not pertinent to the specific request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance for 8 hours per day 7 days per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Expert Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, home care services for the requested time frame in question would not be indicated. The current request is for 56 hours per week. Guidelines would recommend no

more than 35 hours per week in individuals who are noted to be otherwise homebound. At present, the claimant is noted to be two-plus months following a single-level fusion procedure. The specific request that would exceed guidelines criteria in this individual who is not noted to be specifically "homebound" at this stage in the post-surgical course of care would not be supported.