

Case Number:	CM13-0072464		
Date Assigned:	01/17/2014	Date of Injury:	03/29/2011
Decision Date:	04/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 58 year old male who was injured on 03/29/2011. The mechanism of injury is unknown. Prior treatment history has included the following medications: Oxycontin, Lyrica, ibuprofen and Soma. The patient also had physical therapy and underwent a L5-S1 fusion surgery. Diagnostic studies reviewed include: CT Lumbar spine myelogram dated 01/03/2014 with the following impression: L5-S1: There has been an anterior and posterior solid fusion. There has been a wide decompressive laminectomy without canal or lateral recess stenosis. There is diffuse osteophytic ridging which does not approach the thecal sac or budding S1 nerve root sleeves which fill with contrast. There is mild foraminal narrowing from osteophyte without impingement of the L5 nerve roots. L4-5: There is mild left central protrusion, which mildly flattens the left anterolateral thecal sac, slightly narrowing the canal effacing but not displacing the left L5 intrathecal nerve root within the left lobe recess, similar to previous exam. The budding L5 nerve root sleeves fill. There is mild canal stenosis at this level. No significant foraminal narrowing is present. Myelogram Lumbar Spine dated 01/03/2014 reveals there are postsurgical changes noted at the L5-S1 level consisting of 3 screws, an intervertebral disc spacer and bilateral laminectomies. Treatment/Recommendations/Request For Authorization: Continue home care, 8 hours a day, 7 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide, (8) hours a day (7) days a week for (12) weeks with an RN evaluation prior to the end of care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Home health services

Decision rationale: As per CA MTUS and ODG, home health services 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, this patient has chronic lower back pain and lumbar fusion at L5-S1 on 07/03/2012. A note dated 11/11/2013 indicates that this patient is able to manage his ADLs with some moderate difficulty but needs assistance with transfers as it is difficult to get up from a sitting position and getting clothes on specifically lower body, shoes, and socks. He has no primary caregivers and he is basically by himself. However, there is no indication that this patient is homebound on a part-time or intermittent basis. Thus, the request for home health aide is not medical necessary and non-certified.