

Case Number:	CM14-0000279		
Date Assigned:	01/17/2014	Date of Injury:	12/04/2000
Decision Date:	04/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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:

A 11/20/13 supplemental report indicates that the patient is considered for spinal surgery consultation for placement of a lumbar spinal cord stimulator implant. The patient was complaining of persistent residual low back pain with numbness and tingling to the bilateral extremities, mid and low back and bilateral elbow, wrist and forearm pain, status post bilateral carpal tunnel release. The patient reports increased complaints with activities of daily living. The patient has failed to substantially improve in response to previous conservative treatment, including physical therapy, medication, bracing, activity modification, acupuncture, home exercise, and TENS unit. The patient has undergone a successful trial course of lumbar spinal cord stimulation, resulting in 60% improvement of low back pain with increased activities of daily living. Discussion identifies that the patient was either unable or experienced a marked increase in symptoms with personal and home care activities, such as mopping, sweeping, doing dishes, performing yard work, and grocery shopping. The patient underwent L5-S1 diskectomy on 9/23/02 and L4-5 and L5-S1 diskectomy and fusion on 6/12/2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE 4 HOURS PER DAY 3 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 Home health services Page(s): 51.

Decision rationale: MTUS Chronic Pain Guidelines state that 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. However, the patient is not homebound. 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. Discussion identifies that the patient was either unable or experienced a marked increase in symptoms with personal and home care activities, such as mopping, sweeping, doing dishes, performing yard work, and grocery shopping; which are not considered medical care. There is no evidence that the patient would require medical care to be rendered in the home setting. Therefore, the request is not medically necessary and appropriate.