

Case Number:	CM14-0000329		
Date Assigned:	01/10/2014	Date of Injury:	09/05/1996
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 claimant is presented with a date of injury of September 5, 1996. A utilization review determination dated December 5, 2013 recommends non-certification of Home Health Aide. The previous reviewing physician recommended non-certification of Home Health Aide due to lack of documentation of an evaluation postoperatively to determine limitations and needs. A Progress Report dated September 11, 2013 identifies Subjective Complaints of frequent neck pain with radiation into the bilateral upper extremities, associated with numbness and tingling. The patient also complains of frequent low back pain with radiation into the bilateral lower extremities, associated with numbness and tingling. Physical Examination identifies lumbar spine range of motion is decreased. Straight leg raise test and Kemp's are positive bilaterally. Lower motor strength testing reveals weakness in the bilateral extensor hallucis longus and gastrocnemius muscle groups at 4/5. Diagnoses identify disc protrusion at C5-6 with radiculopathy, disc protrusion at C3-4 and C4-5, disc herniation at L5-S1 and radiculopathy, disc protrusion at L4-5, facet arthropathy at L3-4, L4-5 and L5-S1 bilaterally with facet syndrome, mild acute bilateral C5 to C7 radiculopathy, cervicogenic headaches, obesity, lumbar radiculopathy, disc herniation at L5-S1 measuring 5 mm with stenosis and disc protrusion at L1-2 and L2-3 measuring 3 mm, acute flare up of the cervical spine and lumbar spine radiculopathy, tears L4-5 and L5-S1, herniated nucleus pulposus L5-S1 (5-6mm) with stenosis bilaterally, and posterior L3-4, 45 (3-4mm) with stenosis. Treatment Plan identifies authorization requested for ESI to the lumbar spine, consultation regarding surgery to the lumbar spine, continue participating with PT, and provided with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE: 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 Page(s): 51.

Decision rationale: The California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The request for a home health aide is not medically necessary and appropriate.