

Case Number:	CM14-0006999		
Date Assigned:	02/07/2014	Date of Injury:	01/12/2008
Decision Date:	07/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology and is licensed to practice in Texas. 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 injured worker is a 58-year-old female whose date of injury is 01/12/2008. The mechanism of injury is described as repetitive job duties. A nursing assessment dated 07/05/13 indicates that the injured worker can stand for only five (5) minutes and walk for only five (5) minutes, due to pain. The report states that the injured worker would benefit from the assistance of a home health care attendant and skilled nursing is not required. The attendant would provide change bed linens, laundry, prepare meals, wash dishes, housekeeping and grocery shopping. An electromyography/nerve conduction velocity (EMG/NCV) dated 04/17/13 revealed evidence of probable chronic cervical radiculopathy in the C7 distribution. A cervical computerized tomography (CT) scan dated 06/17/13 revealed anterior interbody fusion at C5-7, with anatomic alignment, mild left C5-6 and moderate left C6-7 foraminal stenosis, no evidence of central canal stenosis. A CT of the lumbar spine dated 06/17/13 revealed previous laminectomy and interbody fusion at L4-5, interval removal of posterior fixation rods and pedicle screws, and 5 mm central disc protrusion at L4-5, with no visible nerve impingement. An office note dated 12/16/13 indicates that the injured worker reports continued low back and left leg pain. She also reports neck and bilateral hand pain. The surgical history includes lumbar epidural steroid injection on 10/01/08, cervical epidural steroid injections on 02/18/09, 03/18/09, 12/10/09, lumbar fusion on 10/05/10, L4-5 extreme lateral interbody fusion (XLIF) on 07/19/11, and lumbar fusion revision on 06/28/12. On physical examination she has difficulty standing on toes and heels. The gait is non-antalgic and normal. The strength is 4+/5 in the bilateral upper extremities. The assessment revealed postlaminectomy syndrome lumbar region and acquired spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE GIVER, TWENTY (20) HOURS PER WEEK FOR SIX (6) MONTHS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services.

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

Decision rationale: The Chronic Pain Guidelines support home health services for injured workers who are homebound on a part-time or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part-time or intermittent basis. The most recent nursing assessment submitted for review is nearly one (1) year old. Additionally, it is noted that skilled nursing is not needed, and the home health attendant would perform duties including changing bed linens, laundry, preparing meals, washing dishes, housekeeping and grocery shopping. The guidelines indicate that 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 that is needed. The request is not medically necessary.