

Case Number:	CM14-0101755		
Date Assigned:	07/30/2014	Date of Injury:	03/09/1972
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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:

Injured worker is a male with date of injury 3/9/1972. Per workers' compensation neurosurgical reevaluation request for authorization, the injured worker presents after undergoing a decompressive laminectomy at L1-2 and L2-3 performed on 3/5/2014. The pain in the upper lumbar region has essentially disappeared. He presents with pain in the mid lumbar spine that radiates into both legs and stops at the knee level that has been associated with muscle stiffness of the lumbosacral musculature. The pain is rated as 5. On examination, strength is 4+/5 of the right hip flexors. Sensory examination reveals poor sensory loss in the right anterior thigh on the dorsal aspect of the right foot. There are no deep tendon reflexes in the lower leg. His gait is slow. Straight leg raising test is positive at 30 degrees in the right leg. There is moderate muscle spasm in the lumbosacral musculature. MRI of the lumbosacral spine on 6/2/2014 showed moderate central canal stenosis at the L1-2 level, and at the L2-3 level, severe central spinal and moderate bilateral foraminal stenosis with 3 mm broadbased central disc osteophyte complex causing compression of the thecal sac. Diagnosis is neurogenic claudication secondary to severe spinal stenosis at the L3-L4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health visits twice weekly for four hours each visit times 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Home Health Services.

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

Decision rationale: The clinical reports indicate that the injured worker can walk, although has increased pain with walking. The requesting physician asks for continued home health care, however, no medical treatments are specified. The home health care provided appears to be limited to housekeeping, meals, and laundry. The claims administrator reports a peer to peer discussion regarding home health care, and the provider reported that the injured worker is 70 years old and lives alone without any support. Although he is doing well, there was concern by the provider that continuing assistance was needed. The request for continued home health care was then partially certified for twice a week for four weeks for four hours per visit. The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or "intermittent" basis. 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. This request is for homemaker services as there is no indication that he is receiving medical treatment from home health visits. The request for continued home health visits twice weekly for four hours each visit times 8 weeks is determined to not be medically necessary.