

Case Number:	CM14-0010582		
Date Assigned:	02/21/2014	Date of Injury:	05/04/2010
Decision Date:	08/04/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 60-year-old female who has submitted a claim for lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy status post lumbar fusion and chronic pain associated with an industrial injury date of 05/04/2010. Medical records from 06/22/2013 to 01/02/2014 were reviewed and showed that patient complained of low back pain graded 8-10/10. Physical examination revealed an antalgic gait. There was lumbar paraspinal tenderness at the L4-S1 level noted. There was decreased lumbar ROM due to pain noted. MMT and sensory to light touch was intact. DTR of the ankles were 1+ otherwise normal DTRs. EMG-NCV study of the lower extremities dated 08/12/2013 revealed chronic L5-S1 radiculopathy on the right and left. X-ray of the lumbar spine dated 08/16/2013 revealed pedicle screw fixation from L3 to the sacrum, and interbody cage markers at L3-4, L4-5, and L5-S1. Treatment to date has included L3-4, L4-5, and L5-S1 decompression laminectomy, discectomy pedicle screw graft posterolateral fusion posterior interbody fusion implants (05/16/2013), trigger point injection, physical therapy, home exercise program, and pain medications. Utilization review, dated 01/02/2014, denied the request for home care services because the guidelines do not regard the medical services such as self-care/hygiene as medical treatment and patient was over 6 months post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE SERVICES: Upheld

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

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

Decision rationale: According to page 51 of CA MTUS Chronic Pain Treatment Guidelines, home care 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. 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, home health care was requested (12/13/2013) due to limited functional status, specifically self-care/hygiene, ambulation, and sleep. The guidelines do not regard these activities as part of medical treatment. The duration of home care services requested is likewise not mentioned. Therefore, the request for HOME CARE SERVICES is not medically necessary.