MAXIMUS Federal Services

Case Number:	CM14-0011710		
Date Assigned:	02/21/2014	Date of Injury:	02/07/2002
Decision Date:	07/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/29/2014

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 Orthopedic Surgeon 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 47 year old male, who reported an injury on 02/07/2002. The injured worker twisted and wrenched his back while trying to move away from a truck when parts started shifting. The injured worker had a history of back pain. Upon examination on 12/06/2013, the injured worker complained of constant pain and stiffness to his low back which radiated down both legs, worse on the left than the right. He reported numbness and weakness in the left lower extremity and had fallen on several occasions. Visual exam showed the injured worker's stance was erect, and the shoulder girdle was level. He walked with a normal gait. The exam of the lumbar spine revealed tenderness over the paraspinous region with spasms present. Range of motion of the lumbar spine was limited with Flexion to 30 degrees, extension to 10 degrees, right lateral bending to 10 degrees, and left lateral bending to 15 degrees. The straight leg raises were positive on the left at 40 degrees and on the right at 60 degrees, in both sitting and supine positions. Sacroiliac strain testing was negative. The injured worker had diagnoses of herniated/bulging disc lumbar spine, lumbosacral sprain/strain, multilevel disc bulges, lumbar spine, worse at L4-L5 and L5-S1, moderate to severe central canal and neural foraminal stenosis, lumbar spine, and clinical bilateral lower extremity radiculopathy. Diagnostic studies included MRI's of the lumbar spine which were performed on 02/24/2010 and 08/26/2013. The injured worker previously underwent bilateral clavicle reconstruction in approximately 1998 and 2000, amputation of the right ring finger in 2008 and two left had surgeries for MRSA infections in 2001. The prior treatments included medications, extensive conservative treatment, home exercises, TENS unit, chiropractic treatment, physical therapy, acupuncture, and lumbar epidural steroid injections. The injured worker continued working. Medications included Soma, Prilosec, and Ibuprofen. The treatment request is for home care for 14 days. The request for authorization and rationale for the request were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 14 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services page(s) 51 Page(s): 51.

Decision rationale: The request for home health care 14 days is not medically necessary. The injured worker has a past history of back pain. The California MTUS guidelines state home health care is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, for 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. The patient is not home bound as it is noted he continues to work outside the home. There is a lack of documentation indicating the services the injured worker required be performed by home health within their home. The submitted request does not indicate how many hours of care are being requested per day. The documentation does not support the necessity for home care for the injured worker at this time. As such, the request for home health care 14 days is not medically necessary.