

Case Number:	CM14-0017561		
Date Assigned:	04/18/2014	Date of Injury:	08/17/2012
Decision Date:	07/14/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 55 year old male who was injured on 08/17/2012. Mechanism of injury is unknown. His diagnoses include chronic low back pain- L3-L5 stenosis, arachnoiditis s/p ESI, and psoas abscess. Prior treatment history has included the use of Norco for pain control. The patient received lumbar spine ESI #3 on 10/09/2013. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/18/2013 with findings worrisome for developing infectious spondylitis. An atypical organism such as mycobacterial or fungal disease could be considered in addition to bacterial etiologies. Severe arachnoiditis is evident. Epidural lipomatosis is contributing to spinal stenosis exacerbated by congenitally shortened pedicles. On 10/20/2013 a CT scan of the abdomen and pelvis with contrast revealed right psoas lesion worrisome for an abscess and some mild inflammation suggested at the left hemipelvis although the etiology for this is unclear. On 01/03/2014 an MRI of the lumbar spine with and without contrast revealed the following: 1) Muscle spasm. 2) Multilevel degenerative disc disease with disc bulges with rather severe spinal and foraminal stenosis. 3) Chronic endplate changes at level of L3-4. 4) No enhanced lesion seen. PR-2 dated 12/10/2013 documented he continues to have pain to the lumbar spine region. Objective findings on examination of the lumbar spine reveals negative bilateral straight leg raise at 90 degrees. Motor strength lower extremities 5/5. Paraspinal tender to palpation. The patient continues to walk with a walker. The patient states he is in a lot of pain and still has difficulty walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTEND CAREGIVER FOR 1 MONTH, 4 HOURS A DAY, 7 DAYS A WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the CA MTUS guidelines, home health 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. (CMS, 2004). The medical records document the patient had been diagnosed with vertebral osteomyelitis and an abscess of the psoas muscle, the patient underwent IV antibiotic treatment until 12/8/2013 for a total six weeks. He completed a course of rehabilitation and is stable on his medical regimen, tolerating an oral diet and has no complex wound care needs. He is able to ambulate with a walker. There is no specific indication for an extended care giver. Medical necessity for the requested service has not been established. The requested service is not medically necessary.