

Case Number:	CM14-0118337		
Date Assigned:	09/23/2014	Date of Injury:	11/09/1999
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/28/2014

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 Surgery 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 51-year-old female with a reported injury on 11/09/1999. The mechanism of injury was not provided. The injured worker's diagnoses include a history of lumbar fusion with retained hardware and exacerbation of lumbar pain with radiculopathy. The injured worker's past treatments included medications, physical therapy, and psychotherapy. The injured worker's diagnostic testing included preoperative testing on 07/21/2014 to include spirometry, EKG, echocardiogram, duplex ultrasound of the carotid artery, and a chest x-ray. The injured worker had previously had an echocardiogram and duplex ultrasound of the carotid artery on 03/24/2014. The injured worker had a lumbar spine CT with contrast on 02/19/2014 which revealed status post anterior cervical discectomy and fusion and posterior fusion at L4-5 and L5-S1. There was a solid central fusion across the intervertebral discs and the left facets. No pseudoarthrosis was noted. There was no subsidence of the cage. There was mild lucency around the cage at L5-S1. Right laminectomy and facetectomy decompressed the spinal canal at L4-5 and L5-S1. There was a diffuse disc bulge at L3-4 with spinal canal narrowing. A 4 mm extraforaminal disc bulge at the L2-3 was contacting the exiting L2 nerve root and moderate right neural foraminal at L4-5 and L5-S1. The injured worker's pertinent surgical history was as listed above. The injured worker was evaluated on 07/29/2014 where she reported an exacerbation of her low back pain stating that her multiple medications, over the past couple of weeks in particular, had not been beneficial to address her back pain which she rated at 9/10 and increased on standing, sitting, bending, twisting, and the bulk of her activities of daily living for more than a few minutes at a time. The clinician observed and reported spasms and tenderness over the lumbar spine with decreased range of motion. The injured worker had an antalgic gait. The straight leg raise caused back pain. The deep tendon reflexes and motor examination were within normal limits. Decreased sensation was noted over the L5-S1 distribution. The

clinician's treatment plan included a caudal epidural steroid injection, no change to her medication, and followup in 1 month. The clinician also noted that the surgical removal of hardware was on hold awaiting cardiology approval. The injured worker's medications included Xanax, Ambien, and Norco. The request was for 7 home health aide for 8 hours per day times 1 week. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Home Health Aid for 8 hrs./day x1wk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patient Selection Criteria -Home Bound

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

Decision rationale: The request for 7 home health aide for 8 hours per day times 1 week is not medically necessary. The injured worker complained of pain with activities of daily living. The California MTUS Chronic Pain Guidelines recommend home health services 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. No rationale for this request was provided. Based on the guideline recommendations, the request for 7 home health aide for 8 hours per day times 1 week is not medically necessary.