

Case Number:	CM14-0132514		
Date Assigned:	08/22/2014	Date of Injury:	02/28/2002
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on February 28, 2002. The mechanism of injury is noted as straining the low back lifting some boxes. The most recent progress note, dated August 7, 2014, indicates that there are ongoing complaints of low back pain and a non-healing wound in the left upper lumbar region determined to be an infected pain pump. Current medications allow for a 20% improvement of the injured employee symptoms and an improvement in the ability to function, with current oral medication she is able to continue her activities of daily living and ambulates much more comfortably and for longer distances. She is also able to participate in household chores including cooking, meal preparation, and light grocery shopping. The physical examination demonstrated tenderness over the midline of the thoracic spine with spasms. Examination of the lumbar spine noted some drainage from an incision at the left lower lumbar spine. There was a positive straight leg raise test and moderate swelling of both feet and ankles. There was decreased sensation at the left L5 and S1 dermatomes. Diagnostic imaging studies of the thoracic spine revealed a disc herniation at T11 - T12. Previous treatment includes a lumbar spinal fusion at L4 - L5 and L5 - S1, physical therapy, Aqua therapy, and intrathecal pain pump, trigger point injections, and a lumbar support brace. A request had been made for home health assistance, housekeeping, and driving assistance and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance, Housekeeping and Driving Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to California Chronic Pain Medical Treatment Guidelines the criteria for home health services includes that the injured employee's homebound on at least a part-time or intermittent basis. The most recent progress note dated August 7, 2014, indicates that the injured employee is able to ambulate more comfortably and for longer distance and to participate in activities of daily living to include household chores, cooking, and light grocery shopping. This indicates that the injured employee is not homebound and is able to perform housekeeping and able to drive. As such, the request for home health assistance, housekeeping, and driving assistance is not medically necessary.