

Case Number:	CM14-0137720		
Date Assigned:	09/05/2014	Date of Injury:	04/29/2009
Decision Date:	09/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Interventional Spine 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 53 year old male with an injury date on 04/29/2009. Based on the 07/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Dynamic instability at L4-L5, industrial 2. Spondylolisthesis with instability at L4-L5 and flare-up. According to this report, the patient complains of acute flare-up of the back pain with spasm. Pain is rated at a 7-8/10 at rest and increases to 9-10/10 with prolonged standing and sitting. Walking aggravated the lower back pain. The patient has limitation of motion and inability to sit or stand for a long time. The patient also complains of numbness in the left arm and hand. Physical exam reveals tenderness and spasm at L3 through the sacrum and overlying facets. Lumbar range of motion is restricted with pain. Straight leg raise test and left Bowstring test are positive. Motor exam reveals weakness of the tibialis anterior and extensor hallucis longus bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 07/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/03/2014 to 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation: Overturned

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 the 07/11/2014 report by [REDACTED] this patient presents with acute flare-up of the back pain with spasm. The treater is requesting home health evaluation with [REDACTED]. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. Review of reports show no documentation of why the patient is unable to perform self-care. The patient is not home bound. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home health care would not be indicated. Given that the request is for a home evaluation, recommendation is for authorization. Although the treater does not document the patient's functional deficits very, a home visiting nurse maybe required ot get this information. The request is medically necessary.