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| Case Number: | CM14-0153276 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 08/13/2001 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 13, 2001. A utilization review determination dated September 11, 2014 recommends non-certification for a home health aide. A progress report dated June 16, 2014 identifies subjective complaints of low back pain and leg pain with numbness noted in the right thigh intermittently. Physical examination findings revealed tenderness to palpation over the sacroiliac joints. Diagnoses include low back pain with radicular symptoms post laminectomy and fusion at L3/4 and L5/S1 with a new lesion at L4/5 status post three-level fusion and revision surgeries. The treatment plan recommends continuing the current medication regimen, continue physical therapy and yoga, follow up with surgeon, and request authorization for a spinal cord stimulator trial. A progress report dated August 8, 2014 identifies subjective complaints of severe low back pain extending to the anterior and posterior thighs. The patient has significant difficulty with ambulation secondary to pain and is primarily bad and wheelchair-bound. Physical examination findings indicate that the patient is in a manual wheelchair. There is tenderness to palpation around the paravertebral muscles and sacroiliac joints. The patient has slightly reduced strength with right hip flexion with normal strength in the remainder of the lower extremities. Diagnoses include possible left lumbar screw back out, left L2 radiculopathy, L1/2 degenerative disc disease, status post L3 through L5 anterior fusion, status post previous L2 through S1 fusion, L4-5 spondylolisthesis, bilateral sacroiliac joint dysfunction, right greater trochanteric bursitis, L4 burst fracture, and status post L4 corpectomy. The treatment plan recommends a 2nd opinion pain management consult, physical therapy twice a week for 4 weeks, and a home health aide for assistance with activities of daily living including dressing, showering, and meal preparation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 6 hrs a day times 7 days a week times 12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 OF 127.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.