

Case Number:	CM14-0182043		
Date Assigned:	11/06/2014	Date of Injury:	11/23/2008
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/23/08 when he was moving shelves in a walk-in refrigerator and, after bending, had sharp back pain. Electromyogram /nerve conduction study (EMG/NCS) testing in February 2009 showed findings of bilateral multilevel chronic lumbar radiculopathy. An MRI of the lumbar spine in February 2009 showed findings of right lateralized L5-S1 disc disease. Treatments included injections, physical therapy, epidural steroid injections, transcutaneous electrical nerve stimulator (TENS), and a multilevel lumbar decompression and fusion in January 2013. He was seen by the requesting provider on 08/27/14. He was having back pain radiating into the right lower extremity. Physical examination findings included decreased and painful lumbar spine range of motion with bilateral lumbar paraspinal muscle tenderness. Facet loading and straight leg rising were positive bilaterally. There was right gluteal medius and piriformis muscle tenderness. There was decreased lower extremity strength with abnormal sensation. Medications were refilled. On 09/09/14 the claimant underwent a multilevel upper lumbar decompression and fusion. On 10/03/14 he was having ongoing pain. Pain was rated at 10/10 without medications and 0/10 with medications. Physical examination findings included ambulating without an assistive device. Medications were adjusted. The assessment references the claimant as functionally able to do more when taking medications and as independent with activities of daily living including home chores such as vacuuming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4hours/day, 5days/week x 4weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home Health Services.

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He underwent a lumbar spine fusion in January 2013 with an adjacent segment multilevel upper lumbar decompression and fusion in September 2014. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, when seen on 10/03/14 the claimant was not having any pain when taking medications and the assessment references the claimant as functionally able to do more and as independent with activities of daily living including home chores such as vacuuming. Therefore, the requested home health aide services were not medically necessary.

Home health nursing care by RN x3 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home Health Services.

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. He underwent a lumbar spine fusion in January 2013 with an adjacent segment multilevel upper lumbar decompression and fusion in September 2014. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, when seen on 10/03/14 the claimant was not having any pain when taking medications and the assessment references the claimant as functionally able to do more and as independent with activities of daily living including home chores such as vacuuming. Therefore, the requested home health nursing care visits were not medically necessary.