

Case Number:	CM14-0039006		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2004
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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 claimant was injured on 08/06/04 in an MVA. Home assistance for 3 months has been recommended and is under review. On 02/21/14, the claimant complained of neck pain that was on and off and rated at 7/10. The claimant also reported horrible 8-9/10 low back pain and constant left leg pain radiation. There was difficulty raising the legs and increased tenderness over the lumbar spine and bilateral paraspinal regions. There was a positive leg raise and positive left sciatic notch. The claimant was diagnosed with cervical and lumbar spine radiculopathy, severe anxiety, depression, and insomnia due to chronic pain. He is status post fusion in 1996 and hardware removal in 1997 with revision laminectomy and foraminotomy in 2005. There was also exploration of the fusion mass 2006 and removal of instrumentation on an unknown date. The previous reviewer stated that there is no description of the functional status of the patient relative to activities of daily living and his social history is unknown. On 02/21/14, he saw [REDACTED]. He had an antalgic gait and acupuncture, an interferential unit, and medications were ordered. On 03/21/14, he reported acupuncture helped temporarily with mobility. He had bilateral leg numbness and weakness and worsening back pain and felt terrible. He received ongoing prescriptions. An H wave unit and back brace were ordered. On 05/16/14, he reported acupuncture had helped; he had 8 more sessions. He had trouble with balance and had fallen 3-4 times. This was described as directly related to his low back. He had pitting edema in both legs. He was also being treated for his heart. He was provided a walker with wheels and home assistance was recommended 3 times a week for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Assistance: Upheld

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 84 Page(s): 84.

Decision rationale: The history and documentation do not objectively support the request for home health assistance. This has been recommended three times a week for three months. The MTUS state "home health services are recommended 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." In this case, there is no evidence of a need for skilled medical treatment. The claimant's home situation is unclear, including whether or not he lives with others or what his abilities are relative to his activities of daily living. It is not clear how periodic visits are likely to provide significant benefit. The medical necessity of this request for home assistance has not been clearly demonstrated.