

Case Number:	CM14-0041903		
Date Assigned:	06/30/2014	Date of Injury:	08/23/2010
Decision Date:	09/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 55-year-old male with an 8/23/10 date of injury and status post lumbar laminectomy in November 2013. At the time (2/17/14) of request for authorization for Continued Home Health assistance, 4 hours a day, 3 days a week for 6 weeks, QTY: 72 and Lumbar spine support (off the shelf), QTY: 1, there is documentation of subjective (low back pain radiating to the lower extremities) and objective (tenderness to palpation over the lumbar paravertebral muscles with decreased range of motion, and positive straight leg raise test) findings, current diagnoses (status post lumbar spine surgery in 2013), and treatment to date (home exercise program, medications, and lumbar surgery). In addition, medical report identifies a request for continued home health care to assist with housework, cooking, cleaning, and activities of daily living. Regarding Continued Home Health assistance, 4 hours a day, 3 days a week for 6 weeks, QTY: 72, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Regarding Lumbar spine support (off the shelf), there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Home Health assistance, 4 hours a day, 3 days a week for 6 weeks, QTY: 72:
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.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of a diagnosis of status post lumbar spine surgery in 2013. However, given documentation of a request for continued home health care to assist with housework, cooking, cleaning, and activities of daily living, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). In addition, there is no documentation that the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Continued Home Health assistance, 4 hours a day, 3 days a week for 6 weeks, QTY: 72 is not medically necessary.

Lumbar spine support (off the shelf), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), "8 BACK- Lumbar Supports".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back, Lumbar Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of a diagnosis of status post lumbar spine surgery in 2013. However, despite documentation of lower back pain, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Lumbar spine support (off the shelf), QTY: 1 is not medically necessary.

