

Case Number:	CM14-0051756		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2006
Decision Date:	08/19/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 Emergency 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:

Patient with reported date of injury on 9/21/2006. Mechanism of injury is described as cumulative trauma while working and knee injury while at work. Patient has a diagnosis of chronic pain, upper arm joint pain, cervical degenerative disc disease, degenerative lumbar disc disease, cervicgia, lumbago and thoracolumbar radiculitis. Patient has a history of lumbar rhizotomies (2007, 2008, 7/2013, 9/2012 and 3/2013), cervical discectomy and fusion of C4-5 (3/2010), Lumbar Discectomy and fusion L4-5 (7/2010) and revision of lumbar fusion L4-5 (9/2010). Medical records reviewed. Reports provided thru 4/10/14. Patient has complains of mild neck and occasional bilateral shoulder pains. Patient has right wrist pain that is intermittent. Some noted numbness and tingling in right hand. Low back pain is constant, sharp and stabbing. Pain worsens with movement. Objective exam reveals patient in no distress. Cervical exam has minimal pain with moderately decreased range of motion (ROM). Shoulder exam was normal, with no pain and normal ROM. Negative Neer and Hawkins's tests. Moderate left paraspinal tenderness in lumbar area. Decreased range of motion of lumbar and thoracic spine. Well healed midline scar noted. Strength in bilateral lower extremities is 4/5 with normal muscle bulk. Patient ambulates with an antalgic gait and a Quad cane and unable to test straight leg raise due to pain. Functional assessment: Patient states that she can perform some Activities of Daily Living (ADLs) independently but cannot stand for prolonged periods due to back pains and is unable to bend over or kneel. X-ray of lumbar spine (12/11/13) reveals rightward thoracolumbar scoliosis and expected post-operative changes. MRI of Lumbar spine (12/11/13) reveals scoliosis, anterior endplate spurs, multiple areas of disc desiccation and bulges. Degenerative changes with neuroforaminal stenosis and expected post-operative changes. No significant sac or nerve root compression. EMG/NCV of bilateral upper extremities (12/19/13) was normal. Current medications include Vicodin, Gabapentin, Voltaren, Protonix, Amoxicillin, Tramadol, Xanax,

Wellbutrin and Celexa. Patient reported she has undergone physical therapies and acupuncture. Patient reports she has been getting constant home health care for months. Independent Medical Review is for 1 home health aid 4 hours a day, 4 days a week for 12 weeks and 1 Registered Nurse Re-evaluation in 12 weeks. Prior UR on 2/27/14 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Health Aid 4 hours per day, 4 days per week, for 12 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Medicare Benefit Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) - Patient selection criteria. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Medicare Benefit Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) - Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page(s) 51 Page(s): 51.

Decision rationale: As per MTUS chronic pain guidelines, home health assistance may be recommended for medical treatment in patients who are bed or home bound. The patient is not home bound and is able to walk with some difficulty and aid of a cane. From multiple reports, the Home Health Aid helps the patient with cooking, household chores, getting meds together and to help in getting out for walks. HHA also helps drive the patient to appointments. These services are all classified as homemaker services and as such, Home Health Service is not medically necessary.

1 Registered Nurse (RN) Re-Evaluation in 12 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Medicare Benefit Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) - Patient selection criteria. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Medicare Benefit Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services) - Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page(s) 51 Page(s): 51.

Decision rationale: The RN assessment is required for continued Home Health Services. Patient is able to get around with some difficulty but is not homebound. There is no documentation as to why someone needs to specifically drive the patient around and why she is not utilizing other transport services like paratransit for a clinic visit. Since Home Health Services are not

medically necessary or recommended, the requested RN re-evaluation is not medically necessary.