

Case Number:	CM14-0059145		
Date Assigned:	07/09/2014	Date of Injury:	12/28/2010
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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:

Patient is a 52 year-old male with date of injury 12/28/2010. The medical document associated with the request for authorization, a primary treating physician's follow-up progress report, dated 01/07/2014, lists subjective findings as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation with spasm. Range of motion was decreased in all planes and straight leg test was positive. Decreased sensation of the S1 nerve root was noted. The patient's gait was antalgic with a diagnosis of disc degeneration, lumbar spine facet arthropathy, segmental instability and status post laminectomy syndrome. According to Worker's Compensation Appeal to Denial of Surgery dated 02/25/2014, the patient had a previous discectomy and now has significant disc degeneration. A posterior lumbar interbody fusion at L5-S1 is requested and is planned in the future. The requested home health services are associated with that surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled Nursing Services 2-3hours/day 2-3x wk x 3 wks for wound and evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services.

Decision rationale: The previous utilization review decision modified the request to one hour a day, 3 times a week for 3 weeks to allow for dressing changes following the patient's surgery. In regard to home health services 2-3 hours a day for 2-3 weeks, the Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. The request is not medically necessary.