

Case Number:	CM14-0059227		
Date Assigned:	07/09/2014	Date of Injury:	10/14/2004
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42-year-old individual was reportedly injured on October 14, 2004. The mechanism of injury reported was a trip and fall. The diagnoses was chronic low back pain with radiculopathy, and treatment has included physical therapy, biofeedback, chiropractic therapy, pool therapy, pain medications, antidepressants, a sleep study, Discectomy times 2 and subsequent to level disk fusion and a psychological assessment. The most recent progress note, dated April 3, 2014 is provided in support of this request indicating that the claimant continued to have pain in the mid and low back with radiation into the right leg, with associated weakness of the right lower extremity. This progress note indicated that "the request for home health has been put on hold." The record indicated that the medication combination is providing partial relief. The claimant was undergoing psychiatric care and is on Cymbalta and Klonopin, and noted to be doing well with this combination. The patient was receiving psychotherapy as well, which is noted to be helpful. Additionally, biofeedback, and breathing exercises were provided and the care of the treating provider. Current medications include a Multivitamin, Prilosec, Dulcolax, Klonopin, Oxycodone 15 mg every 4 hours p.r.n., Oxycontin 20 mg extended release, one q.h.s., Zanaflex 2 mg b.i.d. and p.r.n., and Vistaril 25 mg. Physical exam noted a positive straight leg raise, no pain to palpation of the lumbar facets, pain to palpation over the lumbar discs, no pain to palpation of the SI joints, a palpable twitch positive trigger point in the lumbar paraspinal muscles, an antalgic gait, a right foot drop, and decreased range of motion of the lumbar spine. Other than the foot drop noted, motor was intact. Sensation was absent in the right S1 and with giveaway phenomenon. The treatment plan discussion indicated that the claimant was having difficulty with ADLs due to a recent fall with injury to the right shoulder. The treatment recommendation was for home healthcare 20-24 hours per week for life for the patient's chronic condition requiring assistance

with marketing, laundry, housekeeping, grooming, personal hygiene, exercising, and assistance with all ADLs. A prior review of this request was not medically necessary in the preauthorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health visits 20 to 24 hours a week for life: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Home Health Services.

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

Decision rationale: CA MTUS Guidelines Support Home Health Services for Medical Treatment for patients homebound on a part-time or intermittent basis. The record references the claimant to have needs for home care assistance due to difficulty with ADLs requiring assistance. The most recent progress note indicates that this is a result of her recent fall, injuring the shoulder. The medical record provides insufficient documentation to substantiate that this injury to the shoulder is a chronic nature, requiring lifetime home health. Additionally, the record does not note that the claimant has been evaluated for or provided an evaluation for assist devices for ADLs in the home environment that would further support the goal to maintain or improve independence as much as is possible while maintaining a safe environment. It should be noted that the guidelines support home health services only for "medical treatment" for patients homebound on a part-time basis and does not include homemaker services such as shopping, cleaning, laundry, and personal care, and that this request is specifically noted to be for help with marketing, laundry, housekeeping, grooming, personal hygiene, and exercising. When considering the guideline parameters for home health, the diagnosis under which this request is been made, and the insufficient clinical data provided in regards to the measures that have taken place to assist in maintaining independence as well as safety, the medical record contains insufficient clinical data to substantiate the medical necessity of a lifetime of 20-24 hours of home health. Therefore, this request is recommended for not being medically necessary.