

Case Number:	CM14-0059772		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2011
Decision Date:	12/30/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date on 09/04/2011. Based on the 03/18/2014 progress report provided by the treating physician, the diagnoses are lumbar myofascial pain; lumbar facet pain; Sacroiliitis; and right piriformis syndrome. According to this report, the patient complains of low back pain, right hip and buttock pain with significant pelvic tilt, antalgic gait, and difficulty walking, standing, and sleeping. The patient is currently taking Tizanidine, Hydromorphone, Oxycontin, short acting Oxycodone, and Baclofen; and "gets partial relief" of symptoms with pain medications. Physical exam reveals current pain is at a 9/10. Exquisite tenderness is noted over the SI joint and the great trochanter. Spasm of the piriformis muscle is noted with lack of ability to flex and internally rotates the hip. There is decreased sensation to pin prick over the right lateral thigh. There were no other significant findings noted on this report. The utilization review denied the request for four hours of home help per week on 04/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 11/12/2013 to 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four hours of home help per week: 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: According to the 03/18/2014 report, this patient presents with low back pain, right hip and buttock pain. Per this report, the current request is for four hours of home help per week. The UR denial letter states "there is no indication that this claimant is homebound or bedbound and the guidelines do not support home health under the present patient circumstances." Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. Review of report indicates that the patient "have no one to help her wash clothes and cooking. She feels that she is unable to [do] this and is requesting four hours of help per week to accomplish some of these tasks." In this case, the treating physician does not documented why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and diagnosis other than myofascial pain. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home health care would not be indicated. Therefore, this request is not medically necessary.