

Case Number:	CM14-0060175		
Date Assigned:	09/05/2014	Date of Injury:	10/29/2013
Decision Date:	11/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Orthopedic Surgery 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:

Claimant is 39 years old with reported industrial injury of 10/29/13. Exam note from 3/26/14 demonstrates complaints of constant low back pain radiating to the left leg down into the foot area. Numbness is noted in the left leg. Pain is increased with sitting, walking or standing over 20 minutes, forward bending, squatting, stooping, climbing or descending stairs, twisting, turning and forceful pushing and pulling. Exam of the lumbar spine demonstrates normal gait. Heel and toe walk were not normal on the left secondary to pain. Tenderness was noted in the lumbar paraspinal region on the left and in the midline lumbar spine. Motor exam was noted to be 5/5 strength. Patient was diagnosed with left sided L5/S1 disc herniation with radiculopathy. Request is made for left sided L5/S1 hemilaminotomy with microdiscectomy and postoperative home health care 8 hours per day for 4 weeks followed by 4 hours per day times 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Home Health Care 8 hrs per day x 4 weeks followed by 4 hrs per day x 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

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

Decision rationale: According to the California Medical Treatment Utilization Schedule MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 3/26/14 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore determination is not medically necessary and appropriate.