

Case Number:	CM14-0089895		
Date Assigned:	07/23/2014	Date of Injury:	03/02/2012
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 57 year old male who had an injury on 03/02/12. The injured worker was apparently provided home health care to his wife, and had to help her transfer from bed to the chair and so forth and developed low back symptoms. Since the onset of the symptoms, he has been treated with physical therapy, epidural steroid injections, facet blocks, radiofrequency, rhizotomies, and bilateral SI joint injections. The injured worker had an EMG study that did not show any evidence of lumbar radiculopathy. Most recent documentation submitted for review is dated 11/20/13 on that date he continues to experience a constant, dull, burning ache that radiates towards his lower back, buttocks, and thighs and worsens after several minutes of bending or twisting. The injured worker still continues to be frustrated with slow progress. Physical examination noted no acute stress and the injured worker was alert and oriented. Bilateral lower extremity reflexes, sensation and pulses are normal. There is no evidence of obvious thoracic or lumbar erythema, edema, ecchymosis, cellulitis, or fluctuance. No evidence of obvious lower extremity muscle atrophy. Lumbar range of motion with forward flexion is 30 degrees and extension 10 degrees. There are palpable trigger points with spasm overlying the bilateral lower lumbar musculature. There continues to be a positive straight leg raise maneuver. Thoracic exam, he exhibits full thoracic range of motion with flexion to 50 degrees. There continues to be tenderness overlying the thoracic musculature. MRI dated 06/06/13 revealed degenerative disc changes, and facet degenerative joint changes at multiple level. Diagnoses include thoracorhomboid strain and lumbosacral strain. It is noted that he may be a candidate for lumbar spine surgery. Although there has been no additional documentation submitted for review later than 11/20/13. Prior utilization review on 06/04/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health - Unspecified amount of sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 2004: California 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 chapter, Home health services.

Decision rationale: The request for Home Health - Unspecified amount of sessions is not medically necessary. The clinical documentation submitted for review does not support the request. Home health services are recommended only for otherwise 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, according to Official Disability Guidelines. As such, the request is not medically necessary.