

Case Number:	CM14-0092658		
Date Assigned:	07/25/2014	Date of Injury:	08/13/2008
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 & 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 40 year old female with an injury date of 05/13/08. Per the 04/25/14 report by [REDACTED], the patient presents with worsening moderate to severe headaches and migraines. Examination reveals the patient walks very slowly with a varied state antalgia without normal excursions for heel strike and toe off for either lower extremity. She ambulates with a cane. She has a well healed surgical scar in the lumbar spine with extreme tenderness to both sciatic notches. Range of motion is limited and painful. The patient has extreme bilateral straight leg raise pain. Her sensory is equal bilaterally and reduced for the L4, L5 and S1 dermatomes. The patient's diagnoses include: 1. Cervical spine sprain/strain with rule out herniated nucleus pulposus. 2. Lumbar radiculopathy with anterior and posterior interbody fusion with continued moderate-to severe extreme postoperative pain. 3. She has what is also deemed a post fusion syndrome. 4. Bilateral lumbar radiculopathy with spinal fusion/failed back syndrome. 5. Neurological worsening particularly in motor strength. The patient is post complete lumbar discectomy and bilateral neural foraminotomies (05/22/10) and post takedown lumbar anterior pseudoarthrosis (10/31/12). Reports provided note a history of pain to the mid and low back, neck and lower extremities. The utilization review being challenged is dated 05/27/14. Treatment reports were provided from 12/20/13 to 04/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assisted care 3-4 hours per day for 1 month for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home healthcare.

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

Decision rationale: The patient presents with moderate to severe headaches and ongoing pain in the lumbar spine (9/10 as of 01/28/14) and cervical spine (8/10 as of 01/28/14). The treater requests for assisted care 3-4 hours per day for 1 month for the lumbar spine. MTUS guidelines page 51 states, Home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. (CMS, 2004)." The 04/25/14 report by [REDACTED] states, "She lives on the second floor in a building and it takes her 15 to 20 minutes sometimes just to go 15 steps one at a time. She was not able to use her back brace today because she is too weak to put it on herself. " In this case, the reports provided show no specific discussion regarding medical treatments to be provided the patient at home or specific discussion of the patient's needs. The patient has weakness due to deconditioning but not due to neurologic deficit. The general services stated by the treater are outside the medical treatment guidelines per MTUS above. Therefore, the request is not medically necessary.