

Case Number:	CM14-0187014		
Date Assigned:	11/17/2014	Date of Injury:	07/22/1997
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 07/22/97. He underwent a lumbar spine fusion in September 2013. He was seen on 02/04/14. He was having neck and low back pain radiating into his knees. He was having difficulty walking. His medications included Oxycodone and OxyContin. A physical examination finding included decreased lumbar spine range of motion with pain. He had back pain with straight leg raising. He had right knee swelling and was unable to squat. On 04/16/14 he was having ongoing back and leg pain. Imaging results had shown an L4-5 pseudoarthrosis. There was instability with flexion/extension x-rays. Recommendations included consideration of lumbar fusion revision surgery. On 07/07/14 he was having ongoing moderate pain. He was continued at temporary total disability. He was seen on 08/04/14. Treatments included medications. He had pain rated at 4-9/10. Authorization for revision spine surgery was pending. OxyContin, Roxicodone, and Lidoderm were prescribed. On 08/11/14 he was having constant severe pain. He was no longer receiving physical therapy. Physical examination findings included decreased and painful lumbar spine range of motion. There was back pain with straight leg raising. There was a normal neurological examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid three times a week for four hours a day for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic),
Home Health Services

Decision rationale: The claimant is more than 15 years status post work-related injury. He underwent a lumbar spine fusion in September 2013 which was unsuccessful. He has a pseudarthrosis and revision surgery is being considered. Home health services are recommended only for necessary medical treatments for patients who are home-bound and unable to perform treatments without assistance. In this case, the claimant has been able to participate in outpatient physical therapy treatments and the requesting provider documents a normal neurological examination. Therefore, the requested home health aide services were not medically necessary.