

Case Number:	CM14-0194480		
Date Assigned:	12/02/2014	Date of Injury:	04/29/2006
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 62-year-old male with injury date of 04/29/06. Based on the 09/24/14 progress report, the patient complains of lower back pain radiating down the right leg, and neck pain. Per 07/30/14 report, patient is unable to sit more than 20 minutes and walk more than 15 to 20 feet. Patient is status post successful lumbar sacral laminectomy and decompressive surgery L5-S1 on 08/13/14 per 09/24/14 report. Patient states that his is 40% better, and he is able to walk one block without pain per 09/24/14 report. Physical examination on 09/24/14 revealed small scar in the lower back related to recent surgery, deep tendon reflexes are absent biceps on the right, and decreased sensitivity in the right leg compared to the left. Patient is able to walk 100 feet per 09/24/14 physical exam. Physician requests Home Health care as needed for his wife to help take care of the husband, per 09/24/14 report. Diagnosis per 09/24/14 progress report:-Status post lumbar sacral laminectomy and decompressive surgery L5-S1 successful, 08/13/14-Chronic pain related to work-related injury-Depression, related to chronic pain-Blood pressure labile still an issue-Sleep apnea-Lumbosacral radiculopathy, severe, and myelopathy, improved with recent surgery-Neuropathy and neuralgic pain on the right leg still an issue-Status post cervical fusion C5, C6, and C7-Headaches-Sleep dysfunction The request is for Home Health Aide (4 Hours/Day, 7 Days a Week for 3 Months). The utilization review determination being challenged is dated 10/28/14. The rationale is recent medical records provided do not outline functional limitations or findings on exam, medication side effects, cognitive dysfunction of a severity. Treatment reports were provided from 05/12/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health aide (4 hours/day, 7 days a week for 3 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services

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

Decision rationale: Patient presents with lower back pain radiating down the right leg, and neck pain. The request is for Home Health Aide (4 Hours/Day, 7 Days a Week for 3 Months). Patient is status post successful lumbar sacral laminectomy and decompressive surgery L5-S1 on 08/13/14 per 09/24/14 report. Patient states that his is 40% better after back surgery, and he is able to walk one block without pain per 09/24/14 report. MTUS page 51 has the following regarding 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. Per progress report dated 09/24/14, physician requests "Home Health care as needed for his wife to help take care of the husband. There is no rationale, however, as to why home health care is needed. There is no documentation that the patient is unable to care for self, handle the ADL's, ambulate, etc. The patient has help from family as well. The requested 3 months of home health care appears quite lengthy as well and the physician does not explain why such an extended care is needed following this surgery. MTUS states that medical treatments do not include homemaker services if this is the only care needed. The request is not medically necessary.