

Case Number:	CM14-0197673		
Date Assigned:	12/05/2014	Date of Injury:	07/16/2006
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 16, 2006. In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for home health care for the lumbar spine. The applicant had apparently undergone a lumbar laminectomy and fusion surgery on October 29, 2014. The claims administrator referenced a November 1, 2014 progress note in which the applicant was described as having a well-appearing wound without evidence of significant discharge in its determination. The applicant's attorney subsequently appealed. On October 27, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was using Oxycontin, Dulcolax, aspirin, Flomax, Tenormin, ReQuip, Topamax, Xanax, Cymbalta, metformin, Prilosec, and Colace. The applicant was placed off of work, on total temporary disability. Oxycodone was renewed. Spine surgery was reportedly pending. The remainder of the files was surveyed. The October 29, 2014 operative report, the October 31, 2014 progress note and the November 1, 2014 progress note made available to the claims administrator were not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health care 3 times a week for 8 weeks: Upheld

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

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound or bedbound. Home health care, by definition, does not include activities of daily living such as cooking, cleaning, household chores, etc. Here, it was not clearly stated what was sought. The November 5, 2014 progress note on which the article in question was requested was not incorporated into the Independent Medical Review packet. The claims administrator's summary of the November 1, 2014 progress note suggested that the applicant's wound was in relatively good condition at that point in time and that the applicant stated that he was ready to be discharged home. It did not appear that the applicant would necessarily be homebound postoperatively and/or be unable to obtain whatever services were needed postoperatively, including postoperative wound care, for instance. Therefore, the request is not medically necessary.