

Case Number:	CM14-0204297		
Date Assigned:	12/16/2014	Date of Injury:	07/01/2010
Decision Date:	02/10/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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 injured worker is a 26 year old male that sustained a work related injury due to cumulative trauma on 07/01/2010. The mechanism of injury was not noted. Treatments include MRI and EMG. Diagnosis include lumbar spine sprain/strain, herniated nucleus pulposus, positive MRI with L5 radiculopathy, positive EMG, positive Discogram, cervical spine sprain/strain, and left shoulder sprain/strain. Per the most updated progress report dated 11/13/2014, the injured worker had complaints of continued low back pain with numbness and tingling in the bilateral legs, left greater than right. Exam findings per the same report noted the injured worker has failed conservative modalities of care and continues to complain of pain. Treatment plans include home health assistant four to six hours per day, seven days a week for activities of daily living, including cooking, bathing and grocery. On 11/25/2014 Utilization Review denied home health assistant four to six hours per day, seven days a week noting the history and documentation do not objectively support the request for home health care services to assist with daily living activities and without a demonstrated need for skilled clinical care, there is no evidence the injured worker is homebound and MTUS guidelines. He has had a urine drug toxicology report on 10/24/14 and 7/31/14 that was negative for opioid His medication list include Norco, Prilosec and Morphine Physical examination of the low back on 11/13/14 revealed flexion 50 degrees; extension 20 degrees and bending 30 degrees bilaterally, positive straight leg raise test at 75 degrees, eliciting pain at L3, L4, L5 and S1 dermatome distribution, hyposthesia at the anterolateral aspect of foot and ankle of an incomplete nature at L4, L5, and S1 dermatome level, bilaterally, weakness in the big toe dorsiflexor and big toe plantar flexor, bilaterally and paraspinal tenderness with spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistant 4-6 hours per day times 7 days weekly: Upheld

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

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

Decision rationale: Per the CA MTUS guidelines cited below, regarding home health services "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." Any documented evidence that he is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Home Health Assistant 4-6 hours per day times 7 days weekly is not fully established in this patient.