

Case Number:	CM14-0207002		
Date Assigned:	12/19/2014	Date of Injury:	06/13/2007
Decision Date:	02/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine 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 (IW) is a 51-year-old woman with as date of injury of June 13, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic pain syndrome; status post multiple lumbar surgeries, status post fusion L1-S1, August 2012; lumbar radiculopathy; pseudo-arthritis L1; and adjacent segment disease. Pursuant to the progress note dated October 29, 2014, the IW presents for follow-up with her home health assistant. The IW complains of low back pain rated 7-9/10. The pain continues to be severe. She has been authorized for a spinal cord stimulator. She currently receives help from a home health assistant because she cannot shower by herself, she cannot make her bed without assistance, and she has difficulty remembering when to take her medications. She has had multiple surgeries, including a 5 level fusion, which occurred over 3 different surgeries within a few days in August of 2012. She has attempted pool therapy approximately 18 times, which helped decrease her pain temporarily. Objectively, the IW has to bend her knees to stand straight. She ambulates with marked steppage gait. She is slow to rise from a seated position. Range of motion to the lumbar spine is restricted in all planes. Current medications were not documented. According to a progress noted dated September 8, 2014, the treating physician reports the IW is being treated for opiate/chemical dependency. He is requesting treatment with a specialist. The treatment plan includes a pain management consultation, and the SCS trial as planned. The treating physician is requesting continues home health assistance for activities of daily living, meals, and transportations. The current request is for home health assistance 7 days a week for 6 hours a day for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 6hrs a day/7 days a week x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services 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 Section, Home Health care Services.

Decision rationale: Pursuant to the Official Disability Guidelines, home healthcare assistance six hours a day for seven days a week for three months is not medically necessary. Home health services include both medical and nonmedical services for patients who are homebound and who require one or combination of the following; skilled nursing care by licensed medical professional for tasks such as administration of IV drugs, dressing changes etc.; health-related tasks and assistance with activities of daily living that do not require skills of a medical profession such as feeding, bathing, dressing etc.; and/or domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to the illness or injury. The Official Disability Guidelines enumerate the justification for medical necessity of home health services and the documentation requirements. In this case, the injured worker is a 51-year-old woman with a date of injury June 13, 2007. The injured worker's working diagnoses are chronic pain syndrome; status post multiple lumbar surgeries, status post fusion L1 - S1 August 2012; and lumbar radiculopathy. The injured worker's symptoms severely limit her activity level. The primary caregiver is the injured worker's husband. The injured worker was receiving help him home health assistance. The injured worker is not homebound. The injured worker's needs are strictly custodial. For custodial care to be medically necessary the individual must be confined to the home, the service must be prescribed by the attending physician as part of a written plan of care and the patient is in need of skilled nursing care on an intermittent basis or physical therapy or continuing need for occupational therapy according to the benefit policy manual. The injured worker is being treated for chronic pain symptoms which limits the ability to perform activities of daily living. The guidelines, however, do not support the use of home care services unless the injured worker's homebound. Additionally, the injured worker is being treated for opiate dependency. Consequently, absent the appropriate criteria for home healthcare services and the requirement of homebound, home healthcare assistance six hours a day for seven days a week for three months is not medically necessary.