

Case Number:	CM15-0132157		
Date Assigned:	07/20/2015	Date of Injury:	03/09/2001
Decision Date:	08/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 74 year old female sustained an industrial injury on 3/09/01. She subsequently reported back pain. Diagnoses include lumbar degenerative disc disease and thoracic, lumbar radiculopathy. Treatments to date include MRI testing, back surgery, spinal cord stimulator, physical therapy and prescription medications. The injured worker continues to experience back pain. Upon examination, tenderness was noted in the posterior thoracolumbar spine. There was significant kyphotic deformity. There was decreased lumbar range of motion. Straight leg raise is positive bilaterally to about 60 degrees, which caused radicular symptoms. A request for Home health care times 30 days (4 hours/day) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care times 30 days (4 hours/day): 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).

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 sustained a work injury in March 2001. She underwent a T10-T11 fusion after sustaining a T11 compression fracture on 06/03/15. The member previously lived in a house with 10 steps to enter. She received inpatient rehabilitation after her surgery. As of 06/23/15 she required maximal assistance for donning her back brace. She required contact guard assistance for transfers and was able to ambulate 200 feet with a rolling walker. She required minimal assistance for toilet transfers. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance and are recommended on a short-term basis. In this case, the claimant has impairment of the spine following her recent surgery. When discharged home, she would be expected to be able to perform essential activities of daily living such as toileting. She will likely require ongoing assistance with use of her spinal orthosis and for activities such as lower body dressing and bathing. Although she requires home health services, the expected duration cannot be predicted. Requesting services for 30 days is excessive and not medically necessary.