

Case Number:	CM15-0134351		
Date Assigned:	07/22/2015	Date of Injury:	08/15/1996
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60-year-old male who sustained an industrial injury on 8-15-96. Diagnoses are low back pain with left radiculopathy, L3-L4 degenerative disk disease, status post L4-S1 fusion, failed back surgery status post global fusion 2001, hardware pain versus hardware instability, MRI shows two 6mm fluid collections in the dorsal soft tissue extending from L4-S1 in the region of the vertebral body Laminae, differential would include occult pseudomeningocele versus postsurgical seroma, nociceptive-neuropathic-and inflammatory pain and status post symptomatic hardware removal L4-L5 11-18-14. In a progress report dated 5-7-15, a treating physician notes low back pain is rated at 7-10 out of 10 and described as aching, burning, constant, sharp, stabbing, stiff, spasming, sore, numbness and tight. Current medications are Amlodipine Besylate, Atenolol, Atorvastatin, Diclofenac-Baclofen-Cyclo-benzaprine-Gabapentin-Tetracaine topical, Meloxicam, and Tramadol. A Urine Drug Screen done 9-8-14 was within normal limits. L5 dermatome and L4 dermatome demonstrate decreased light touch sensation bilaterally. Lumbosacral exam reveals secondary myofascial pain with triggering and ropey fibrotic banding bilateral and positive stork test bilateral. Straight leg raise is positive with pain radiating to the left and right buttocks, posterior thigh, medial leg, lateral leg and posterior calf and to the heel on the right side. The injured worker is permanent and stationary. The requested treatment is home help hours; 20 hours a week for yard work and housework.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Help Hours: 20 hours a week for yard work and housework: Upheld

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

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

Decision rationale: This 60 year old male has complained of low back pain since date of injury 8/15/96. He has been treated with surgery, physical therapy and medications. Per the MTUS guidelines cited above, home health services are 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 (shopping, cleaning, laundry, yard work and personal care given by home health aides like bathing, dressing, and using the bathroom) as this patient is currently requesting. On the basis of the available medical records and above cited MTUS guidelines, home health services are not indicated as medically necessary.