

Case Number:	CM15-0135519		
Date Assigned:	07/23/2015	Date of Injury:	10/12/2005
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
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: 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:

The injured worker is a 66 year old male who sustained an industrial injury on 10/12/2005. The injured worker was diagnosed with lumbar spine sprain/strain and bilateral lower extremity radiculopathy. The injured worker is status post right total knee replacement in July 2008 and left total knee replacement in October 2008. The injured worker had a history of rhizotomies at L3-4 and L4-5 (no date documented). Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, lumbar support and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience low back pain to the bilateral legs and feet. The injured worker rates his pain level at 4-5/10 with medications and 8-9/10 without medications. Duration of pain relief was noted at 4-6 hours. Evaluation noted a slow gait with a slightly flexed stance. Examination of the lumbar spine noted decreased range of motion with paravertebral muscles spasm. Positive straight leg raise bilaterally, left greater than right was documented. Decreased sensation was noted at L5-S1 dermatomes. Current medications are listed as Norco 10/325mg, Fexmid and Xanax. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI) scheduled for June 5, 2015, start Zanaflex, pain management evaluation, lumbar epidural steroid injection, laboratory blood work, continuing home exercise program and the current request for home care 2 hours a day for 7 days a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 2 hours per day 7 days per week for 6 weeks: 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 (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back and bilateral lower extremity pain. When seen, he was having low back pain, increased with lifting, bending, and stooping. There was a slow, slightly flexed gait. There was decreased lumbar range of motion with muscle spasms. There was positive straight leg raising with decreased right lower extremity sensation. His wife was providing home care which is not further described. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to attend outpatient follow-up appointments and is able to ambulate without apparent use of an assistive device. There are no specific functional deficits documented. Home health care services are not medically necessary.