

Case Number:	CM15-0136009		
Date Assigned:	07/24/2015	Date of Injury:	09/05/2001
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72 year old female, who sustained an industrial injury on 9/5/01. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculopathy, degeneration of the sacroiliac joints and acquired spinal stenosis. Treatment to date has included a lumbar MRI on 5/26/15, lumbar surgery on 6/3/15 and 6/10/15, physical therapy and oral pain medications. On 6/3/15 the treating physician noted that the injured worker had a history of blood clots in the legs, pneumonia and previous blood transfusions. As of the progress note dated 6/11/15, the injured worker reports 0/10 pain in the lower back following surgery. The treating physician noted the injured worker's lungs were clear, blood pressure was 118/66 and oxygen was 95% on 2 liters of O2. The treating physician requested a home health (RN) 2 hours per visit, 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (RN) 2 hours per visit, 3 times a week for 2 weeks: 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 Page(s): 51 of 127.

Decision rationale: This claimant was injured 14 years ago with lumbar radiculopathy, degeneration of the sacroiliac joints and acquired spinal stenosis. There was lumbar surgery on 6/3/15 and 6/10/15, physical therapy and oral pain medications. As of June 2015, the doctor noted the injured worker had a history of blood clots in the legs, pneumonia and previous blood transfusions. As of June 11, there was no pain in back post surgery, and vital signs and physical were unremarkable. The oxygen was 95% on 2 liters of O2. Regarding home health care services, the evidence-based guides note that is 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. The medical services that the RN level nurse would provide are not clear, given the excellent June 11th status report. The guide specifically notes that 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. (CMS, 2004). As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported. The request is not medically necessary.