

Case Number:	CM15-0139407		
Date Assigned:	07/29/2015	Date of Injury:	01/07/2014
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/17/2015

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 54 year old female sustained an industrial injury to the low back on July 7, 2014. Magnetic resonance imaging lumbar spine on March 5, 2014 showed multilevel disc protrusions abutting the nerve roots. Previous treatment included lumbar microdiscectomy on January 18, 2010, gym membership with pool exercises and medications. In a PR-2 dated December 19, 2014, the injured worker complained of low back pain with radiation into bilateral lower extremities. The physician noted that the injured worker could work from home. The physician was requesting continued home care assistance at eight hours a day, one day a week. In an orthopedic qualified medical evaluation dated December 22, 2014, the physician noted that the injured worker had not had formal physical therapy to date. The injured worker had participated in aqua therapy and did pilates and some walking at home. Physical exam was remarkable for lumbar spine with tenderness to palpation to bilateral paraspinals with positive bilateral straight leg raise, decreased range of motion, five out of bilateral lower extremity strength and intact deep tension reflexes and sensation. The injured worker walked without a limp. In a PR-2 dated 6/3/15, the injured worker complained of worsening low back pain with increasing radiation to bilateral lower extremities. The injured worker rated her pain 8-9 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the lumbar paraspinal musculature with spasms, tenderness to palpation sciatic notch, positive bilateral straight leg raise and decreased sensation to bilateral L5 and S1 distribution. Current diagnoses included status post lumbar microdiscectomy, bilateral lumbar spine radiculopathy, displacement of lumbar intervertebral disc and lumbar stenosis. The treatment plan included requesting authorization for a home RN

evaluation for home care needs due to functional impairment and requesting authorization for continued home care assistance at eight hours a day, one day a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance 8 hours/day 1 day/week for 6 weeks - Low Back: 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 sustained a work-related injury in July 2014 and continues to be treated for radiating low back pain. She has a history of a lumbar microdiscectomy on January 2010. When seen, she was having low back pain radiating into the lower extremities increased with activities of daily living, driving, lifting, bending, and stooping. There was paraspinal muscle tenderness with muscle spasms. There was decreased lower extremity strength and sensation. Providing home based services is recommended only for patients who are homebound. In this case, the claimant is able to attend outpatient clinical appointment. No assistive device use is documented. The frequency and number of hours being requested is consistent with homemaker services such as shopping and cleaning rather than personal care. The request is not medically necessary.