

Case Number:	CM15-0164791		
Date Assigned:	09/02/2015	Date of Injury:	04/20/2011
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 04-20-2011. On provider visit dated 06-10-2015 the injured worker has reported lower back pain. On examination the lumbar spine revealed a well healed incision in the low back. There was there was significant tenderness upon palpation in the low back region with palpable pedicle head screws. Guarding with range of motion was noted and his motor exam was grossly intact. Sensation was decreased in the posterolateral legs. The diagnoses have included status post L3-S1 decompression and fusion on 06-13-2013, history of right lower extremity DVT, successful response to lumbar hardware block on 06-01-2015, cervical spondylosis, bilateral carpal tunnel and left C6 radiculopathy based on electrodiagnostic studies and mild to moderate left bilateral foraminal stenosis at L2-L3. Treatment to date has included medication and lumbar hardware blocks. The injured worker was recommended to undergo the removal of lumbar hardware with exploration of the fusion. The injured worker was noted to be permanent and stationary. The provider requested home health care 6 hours a day (days) Qty: 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 6 hours a day (days) Qty: 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

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

Decision rationale: The California MTUS section on home health states: 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 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) The patient is temporarily home bound due to surgery, however the amount exceeds the 35 hours per week recommended per the California MTUS. Therefore the request is not medically necessary.