

Case Number:	CM15-0183548		
Date Assigned:	10/01/2015	Date of Injury:	10/12/2005
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 with a date of injury on 10-12-2005. The injured worker is undergoing treatment for lumbar sprain and strain with Magnetic Resonance Imaging findings of multilevel disc protrusions and facet hypertrophy, anxiety and depression. A physician progress note dated 06-01-2015, 07-13-2015 documents the injured worker has complaints of worsening low back pain that radiates to his bilateral legs and feet. He has a slow guarded gait. Lumbar range of motion is decreased. There is moderate paravertebral muscle spasm and straight leg raise is positive. There is tenderness to palpation in his bilateral sciatic notch with muscle guarding left greater than right. He has decreased sensation to the bilateral L5-S1 dermatomes. There is documentation in the 07-13-2015 that his wife continues to aid with dressing, bathing and cleaning. He is not working. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, physical therapy, psychotherapy, home exercises, bilateral facet rhizotomy, status post bilateral knee replacement, activity modifications, and acupuncture. A Magnetic Resonance Imaging of the lumbar spine done on 06-05-2015 showed grade 1 anterolisthesis at L4-5, mildly progressed from previous. There is also progression of now mild central stenosis at this level with involving enhancement of facet degenerative changes. There is severe foraminal stenosis on the left at L5-S1 with obscuration of the exiting foraminal nerve, and moderate multilevel degenerative changes. Medications include Norco, Zanaflex, Effexor, Restoril, and Xanax. On 09-04-2015 Utilization Review non-certified the request for Retro Ancillary Home Assistance (4 Hours per Day/7 Days per Week).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ancillary Home Assistance (4 Hours Per Day/7 Days Per Week): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The 66 year old patient complains of lower back pain radiating to bilateral lower extremities, as per progress report dated 06/01/15. The request is for retro ancillary home assistance (4 hours per day/7 days per week). There is no RFA for this case, and the patient's date of injury is 10/12/05. Diagnoses, as per progress report dated 04/03/15, included lumbar musculoligamentous sprain/strain with disc protrusions at L3-4, L4-5 and L5-S1. The patient is status post right total knee replacement in 2008, and status post left total knee replacement in 2008. Medications, as per progress report dated 07/13/15, included Norco, Zanaflex and Xanax. The patient is temporarily totally disabled, as per progress report dated 07/13/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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." In this case, several progress reports are handwritten and difficult to decipher. The request for ancillary home care is noted in multiple progress reports. In report dated 03/31/15, the treater states the patient is incapable of caring for himself. Furthermore, his ability to carry activities of daily living is significantly limited. In progress report dated 04/03/15, the treater indicates the patient is having difficulty performing housework including cleaning, cooking and grocery shopping. As per report dated 04/28/15, the patient is benefiting from medications and exercise, and from care and assistance provided by his wife who helps with medication intake, household chores, and exercise. The treater states, "Without home care, the patient will further aggravate and worsen his pain and symptomatology." The treater indicates the patient needs help in form of home care. In progress report dated 07/28/15, the treater states that the patient complains of moderate to severe low back pain with intermittent bilateral radiculopathy. The symptoms worsen with activities such as lifting, bending, stooping and sitting. Hence, the patient has been placed on certain restrictions and needs home care for support. The treater reiterates, "The request for home care assistance does not indicate dependence on part of the patient. I would like to emphasize that it was provided to the patient to prevent further harm and injury which may aggravate his symptoms." The treater also states that "the primary complains of my patient is pain which limits his activities, it is imperative for me to give the comfort he needs." The treater indicates that the patient will be reassessed from at regular intervals until he is deemed fully capable to accomplish the task by himself. MTUS, however, does not support such open-ended requests. Additionally, MTUS does not consider

homemaker services, including cooking, laundry and cleaning, as medical treatments. Hence, the request is not medically necessary.