

Case Number:	CM15-0184954		
Date Assigned:	09/25/2015	Date of Injury:	02/08/2014
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 34 year old male who sustained an industrial injury on 2-8-14. He is status post L4-S1 posterior spinal fusion and decompression and a 2 day hospital stay was certified, with a reported admit date of 8-18-15. Treatment noted prior to surgery includes physical therapy, acupuncture, medication, chiropractic manipulation, core strengthening, and injections. In the most recent progress report made available, in a secondary treating physician interim neurosurgical evaluation dated 7-20-15, the physician notes on exam, trunk range of motion is 75% of normal, straight leg raise is positive bilaterally, pain is rated 8 out of 10, and sensation is diminished to the left L5-S1 light touch dermatomal distribution. An MRI dated 3-15-14 is noted to reveal grade I spondylolisthesis at the L5-S1 level, significant disc herniations at L4-5 and L5-S1 with marked foraminal stenosis and nerve compression, probable pars fractures at the L5 level, significant discogenic changes, grade II Modic changes, and loss of disc space height at the L5-S1 level. A computerized axial tomography scan is noted to show bilateral lytic pars fractures at the L5 level. The treatment plan is for L4-S1 spinal fusion. In a hospital physician's order sheet dated 8-21-15, an order is for a home health aide 4 hours a day, 3 days a week for 2 weeks. A request for authorization is dated 8-21-15. The requested treatment of a home health aide 4 hours daily, 3 days per week for 2 weeks was denied on 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid 4 hours daily, 3 days per week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing lower back pain that went into the left leg with weakness, numbness, and tingling. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services and for a larger number of weekly hours than is supported by the Guidelines. In the absence of such evidence, the current request for six visits of home health aide care for four hours each visit three times weekly for two weeks is not medically necessary.