MAXIMUS Federal Services

Case Number:	CM15-0191726		
Date Assigned:	10/05/2015	Date of Injury:	04/07/2006
Decision Date:	11/18/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/29/2015

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, 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 59 year old male, who sustained an industrial-work injury on 4-7-06. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar DDD (degenerative disc disease), chronic low back pain, left lumbosacral radiculitis, fall risk secondary to intermittent gait disturbance from left lower paresis, S1 joint syndrome, and situational depression. Treatment to date has included medication, exercise program, H-wave unit (40% reduction in spasms), and diagnostics. Currently, the injured worker complains of chronic low back with radicular symptoms to the left lower extremity. The spouse assists with ADL's (activities of daily living) and home care. Tylenol #4 has been ordered since at least 3-2-15 that made him more functional but causes gastric upset prompting use of Zantac. Naprosyn was given with little effect. Other medications include Lunesta 2 mg, Mirtizapine 30 mg. A lumbar support was utilized with benefit as well as a single point cane. Per the primary physician's progress report (PR-2) on 7-10-15, exam noted slight tenderness to palpation in the bilateral lumbar paraspinal regions and lower lumbar spine, negative straight leg raise, DTR (deep tendon reflexes) were 2+-4 and symmetrical bilaterally, and normal motor and sensory testing. The Request for Authorization requested service to include Home Health services, for lumbar spine, 60 hours per month. The Utilization Review on 8-29-15 denied the request for Home Health services, for lumbar spine, 60 hours per month, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health services, for lumbar spine, 60 hours per month: 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: CA MTUS Guidelines states the home health services are recommended only for patients that are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours/week. In this case, the patient has lumbar degenerative disc disease, chronic low back pain and left lumbar radiculitis. At a recent examination on 7/15/2015, the patient had a normal exam with the exception of some bilateral lumbar muscle tenderness to palpation and an antalgic gait. Sensory, motor, and reflexes were all normal. The patient has been managed with conservative measures, as he is not a surgical candidate. His wife provides caregiver services in the home and is evidently compensated by the State for doing so. MTUS Guidelines do not support the request for a home health aide. Thus the request is not medically necessary or appropriate.