MAXIMUS Federal Services

Case Number:	CM15-0196591		
Date Assigned:	10/12/2015	Date of Injury:	03/26/2015
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 47 year old female who reported an industrial injury on 3-26-2015. Her diagnoses, and or impressions, were noted to include: chronic low back pain; right lumbosacral radiculopathy with denervation; and lumbosacral disc collapse, retrolisthesis, instability and stenosis. Recent magnetic imaging studies of the lumbar spine were done on 4-9-2015, noting disc collapse and stenosis, requiring surgery; and electrodiagnostic studies of the lower extremities on 4-28-2015. Her treatments were noted to include: lumbosacral epidural steroid injections (6-17-15) - effective; lumbar decompression with fusion, autograft, bone marrow aspiration, iliac crest bone graft, pedicle screws and pinnacle cage surgery (9-15-15); medication management with toxicology studies; and rest from work. The progress notes of 7-24-2015 reported a follow-up visit for complaints, which included: continued and worsening low back and right leg pain for which surgery was requested and authorization pending; and neck and right shoulder pain. The objective findings were noted to include: a significant right leg antalgic gait with numbness in the right lateral medial calf and dorsum of right foot; positive right straight leg raise test; decreased "EHL" strength; decreased gastroc strength on the right with single leg-toe raises; lumbar extension that was 50% of normal, with pain; and review of lumbar x-rays noting significant collapse and retrolisthesis, and review of the lumbar magnetic resonance imaging of 4-9-2015, noting lumbosacral disc collapse and retrolisthesis, right disc herniation, right nerve root displacement, and bilateral foraminal narrowing. The physician's request for treatments was noted to include undergoing a decompression in order to decompress the stenosis, and fusion because of her already unstable level, gradual worsening with the

development of radiating pain with weakness down her right leg, and to help increase the foraminal height. No request for authorization was noted for a post-operative home health aide to assist with bathing and activities of daily living, x 7 days. The Utilization Review of 9-22-2015 non-certified the request for a post-operative home health aide to assist with bathing and activities of daily living, x 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide for assist with bathing & activities of daily living x 7 days: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 7/24/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, determination is for non-certification.