

Case Number:	CM15-0208954		
Date Assigned:	10/27/2015	Date of Injury:	12/10/2010
Decision Date:	12/08/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on 12-10-10. Medical records indicate that the injured worker is undergoing treatment for left upper extremity radiculopathy, cervical disc herniation, severe cervical foraminal stenosis, lumbar disc herniation, bilateral lower extremity radiculopathy and left shoulder strain. The injured worker is currently temporarily totally disabled. On (10-15-15) the injured worker reported some side effects from an epidural steroid injection (9-29-15) for several day post injection. The injured worker also noted she is feeling better in regards to her lumbar spine and left lower extremity, but is having more pain in the right lower back, buttock and upper thigh. The pain was rated 6 out of 10 on the visual analog scale. The injured worker was noted to be limited in her ability to do simple chores such as laundry and cooking and she requires assistance with self-care. Examination of the cervical spine revealed mild-to-moderate bilateral cervical and trapezius tenderness to palpation. Range of motion was decreased. Lumbar spine examination revealed mild-to moderate lumbar axial and bilateral paraspinal tenderness to palpation. Sensation was diminished to light touch in the right lower extremity over the lateral and medial thigh and calf. Treatment and evaluation to date has included medications, lumbar epidural steroid injections, cervical epidural steroid injections and lumbar facet nerve blocks. Current medications include Ibuprofen. Tramadol, omeprazole and a Lidoderm patch. The treating physician noted that due to the injured workers poor functional quality at home and need for assistance, a Home Health evaluation was recommended. The Request for Authorization dated 10-15-15 included a request for a Home Health evaluation #1. The Utilization Review documentation dated 10-23-15 non-certified the request for a Home Health evaluation #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health evaluation Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health evaluation #1 is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding you get the benefit me out of that could be anything and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are left upper extremity radiculopathy; C-5 - C6 and C6 - C7 disc herniation; L5 - S1 disc herniation; bilateral lower extremity radiculopathy; and left shoulder strain. Date of injury is December 10, 2010. Request for authorization is October 15, 2015. According to an October 15, 2015 progress note, subjective complaints include right low back pain that radiates to the buttock and thigh. Pain score is 6/10. Medications include tramadol. The documentation states the injured worker is limited in her ability to perform chores and needs assistance with showers. Objectively, there is tenderness to palpation in the cervical and trapezius bilaterally. The injured worker ambulates with a walking cane. There is no documentation indicating the injured worker is homebound. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation the injured worker is homebound, home health evaluation #1 is not medically necessary.