MAXIMUS Federal Services

Case Number:	CM15-0032422		
Date Assigned:	02/25/2015	Date of Injury:	01/14/2011
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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 58 year old female, who sustained a work related injury on 1/4/11. The diagnoses have included lumbar spinal stenosis with radiculopathy, L4-5 spondylolisthesis, prior lumbar spine surgery and disc degeneration at L4-5 and L5-S1. Treatments to date have included physical therapy, oral medications, multiple surgeries, injections, bracing, use of external bone growth stimulator, activity modifications and several diagnostic imaging studies. In the PR-2 dated 1/13/15, the injured worker complains of pressure in her low back and a burning sensation in her bilateral feet. She states that ice helps to relieve these complaints. She has tenderness to palpation over left, low lumbosacral area with spasms. She has sacroiliac tenderness, left greater than right. On 1/22/15, Utilization Review non-certified a request for home health care 8 weeks for 4 hours. The ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care, 8 weeks for 4 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient presents with unrated constant lower back pain which radiates into the bilateral lower extremities, described as sharp/stabbing. The patient's date of injury is 01/14/11. Patient is status post mini anterior left-sided lumbar interbody fusion L4-L5 and L5-S1 with placement of PTFE preclude patch over the instrumented spine levels on 10/25/14. The request is for HOME HEALTH CARE 8 WEEKS FOR 4 HOURS. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles, left greater than right, lumbar spasm, and tenderness over the bilateral sacroiliac joints left greater than right. The patient is currently prescribed Naproxen, Ultram, Cyclobenzaprine, Omeprazole, Lyrica, Neurontin, Oxycodone, and Temazepam. Diagnostic imaging includes lumbar MRI dated 03/17/11, significant findings include: "Right far lateral L2-3 disc protrusion impinging on the exiting right L2 nerve root... Severe neural foraminal stenosis at L4-5 with impingement of the exiting left L4 nerve root... Moderate to severe right L5-S1 foraminal stenosis with impingement of the exiting right L5 nerve root." Patient is classified as temporarily totally disabled. MTUS Guidelines page 51 has the following regarding home service, recommended only for otherwise recommended medical treatment for patients who are homebound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed.There are no discussions provided regarding this request, it is unclear exactly what the home health care aide is required for. MTUS Guidelines recommend generally up to no more than 35 hours per week; the treater is also not clear on how many hours per visit this patient will require, only 4 hours for 8 weeks. In addition, there is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs - only reports of constant intractable pain. While the patient presents with significant pain complaints, it may be difficult but not unreasonable to do self-care and carry out ADLs on her own. MTUS does not support home care assistance, if ADL assistance is the only service required. Therefore, the request IS NOT medically necessary.