

Case Number:	CM15-0034298		
Date Assigned:	03/02/2015	Date of Injury:	03/22/2002
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 49 year old female, who sustained an industrial injury on 3/22/2002. The current diagnoses are post laminectomy syndrome of the lumbar region, unspecified backache, and lumbosacral spondylosis without myelopathy. Currently, the injured worker complains of low back pain that radiates into the bilateral lower extremities. The pain is described as intermittent, deep, stabbing, and throbbing. Additionally, she reports pain that is intermittent numbing and pins and needles. The pain is rated 8/10 on a subjective pain scale. Medications requested are Suboxone, Zanaflex, and Topamax. The physical examination was unremarkable. Treatment to date has included medications, spinal cord stimulator, and surgery. The treating physician is requesting home health services, which is now under review. On 2/11/2015, Utilization Review had non-certified a request for home health services. The California MTUS Chronic Pain Medical Treatment Guidelines 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 Services 8 hours a week QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p several lumbar surgeries including lumbar decompression, lumbar fusion, and re due lumbar fusion. The most recent surgery is implant of spinal cord stimulator (SCS) on 12/13/13. The request is for HOME HEALTH CARE SERVICE 8 HOURS A WEEK QTY 8. Per 11/18/14 progress report, the patient uses a cane. Examination shows significant guarded gait, restricted ROM of lumbar spine, motor power weakness, decreased sensation right L5 and S1 dermatome distributions and positive straight leg raise bilaterally. Regarding work statue, the treater states that the patient is Temporarily Totally Disabled and will remain until her next visit. The MTUS Guidelines page 51 on home-health services recommend "this service for patients who are home bound 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, laundering, and personal care given by home-health aids like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the treater requested home health care "for light household activities such as cleaning, meal preparation and assistance with bathing activities. Her primary care givers have moved out of the town and no one will be able to help give her care." There is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. MTUS guidelines do not support home health service for light household activities. The request IS NOT medically necessary.