

Case Number:	CM15-0038385		
Date Assigned:	03/09/2015	Date of Injury:	08/23/1988
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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 65-year-old female who reported an injury on 08/23/1988. The injured worker was reportedly injured when she backed up into a machine. The current diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post left knee arthroplasty, status post open reduction and internal fixation, and anxiety/depression. On 12/29/2014, the injured worker presented for a follow-up evaluation with complaints of low back pain radiating into the bilateral lower extremities. The injured worker also reported upper back and neck pain. The current medication regimen includes cyclobenzaprine 10 mg, Zantac 150 mg, naproxen 550 mg, and hydrocodone 5/325 mg. Upon examination, there was difficulty performing heel/toe walking secondary to pain, diffuse lumbar paraspinal muscle tenderness, moderate facet tenderness at L3-S1, positive sacroiliac tenderness, positive faber/Patrick's test, positive sacroiliac thrust test, positive Yeoman's test, positive Kemp's test, positive straight leg raise on the right at 50 degrees, positive straight leg raise on the left at 60 degrees, positive Farfan test, limited lateral bending at 10 degrees, limited flexion at 40 degrees, and limited extension at 0 degrees. There was 5/5 lower extremity motor strength with decreased sensation in the L4-S1 dermatomes bilaterally. Recommendations included an MRI of the lumbar spine, continuation of Norco 10/325 mg, Flexeril 10 mg, and gabapentin 300 mg. A home health aide was also recommended as the injured worker has difficulty providing care for herself. A Request for Authorization form was then submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 65, 75-80.

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

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for injured workers who are homebound on a part time or intermittent basis. In this case, there was no indication that the injured worker was homebound. The specific types of services required were not listed. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. There was no specific treatment duration listed in the request. Given the above, the request is not medically appropriate.