

Case Number:	CM15-0041009		
Date Assigned:	03/11/2015	Date of Injury:	02/16/2012
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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(n) 61 year old she, who sustained an industrial injury on 2/16/12. The injured worker sustained a low back injury. She reported a status post transforaminal epidural steroid injection at L5-S1 on 1/26/15 with continued left hip, thigh and leg pain worse in lower left leg but improved after a week of the steroid injection. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis NOS. Treatment to date has included acupuncture, chiropractic care, physical therapy, cognitive behavioral therapy; prolotherapy trigger point injections, transforaminal epidural steroid therapy (8/13/12, 12/26/12, 2/10/14 and 1/26/15); lumbosacral x-rays (1/30/12); right hip x-rays (2/16/12); Lumbar MRI (3/12/12 and 12/22/14); right hip x-rays (2/16/12); cervical spine MRI (6/30/14); MRI right wrist (8/20/14); MRI lumbar spine (1/9/15); medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (days), QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home healthcare services.

Decision rationale: Pursuant to the Official Disability Guidelines, home healthcare #30 days are 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 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 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 lumbar disc displacement without myelopathy; lumbago; and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. The injured worker is 61 years old with a low back injury. Subjectively, the injured worker has continued left hip and left leg pain and left thigh pain. She walks very slowly and uses a walker at times. Prolonged standing is difficult. There is no documentation the worker's homebound. The injured worker received several epidural steroid injections and was authorized for a spine surgeon consult. Tramadol is the opiate of choice by the treating physician. Objectively, the injured worker has an antalgic gait and is assisted by a walker. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and require skilled nursing care and/or personal care services. The injured worker is not homebound. Consequently, absent clinical documentation with documentation the injured worker is homebound, home healthcare services #30 days are not medically necessary.