

Case Number:	CM15-0042291		
Date Assigned:	03/12/2015	Date of Injury:	01/17/1999
Decision Date:	08/18/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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 68 year old male, who sustained an industrial injury on January 17, 1999, incurring lower back injuries due to cumulative trauma. He was diagnosed with lumbar disc disease, lumbar radiating and lumbar stenosis. Treatment included physical therapy, pain management, and work restrictions and modifications. Currently, the injured worker complained of constant aching low back pain radiating down in the lower extremities with increased numbness and tingling into the feet. He had worsening muscle strength and poor balance noted on examination. Magnetic Resonance Imaging of the lumbar spine revealed anterolisthesis and neural foraminal stenosis. He underwent a lumbosacral fusion and laminectomy in February, 2015. The injured worker was diagnosed with Parkinson's disease five year ago. He was noted to have poor ambulation, confusion, tremors and loss of sleep. The treatment plan that was requested for authorization included post-operative home health aide for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health aide 16 hours/day 7 days/week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 low back pain radiating to both lower extremities. The request is for Post-Operative Home Health Aide 16 hours/day 7 days/week for 2 weeks. The request for authorization is not provided. The patient is status post lumbar laminectomy from L2 through S1 with posterolateral lumbar fusion from L3 to L5, 02/02/15. X-ray of the lumbar spine, 10/03/14, shows degenerative change with mild degenerative spurring at multiple levels; No spondylolisthesis; No fracture. MRI of the lumbar spine, 10/03/15, shows congenitally small pedicles and multifactorial changes most prominent at L3-4 with severe central canal and lateral recess stenosis. EMG/NCS of the lower extremities and lumbar paraspinals were entirely within normal limits. This rules out lumbar radiculopathy, tarsal tunnel syndrome or other peripheral neuropathy. Neurological examination reveals he did not know the date today. His recall is 3/3 for immediate recall and none for 1 and 3 minutes. Digit span is 5 forward, unable to backwards. His responses are delayed. Postoperatively, he has fairly significant cognitive impairment. From a functional standpoint, he had both PT and OT services and was able to tolerate it. Patient's medications include Lipitor, Sinemet, Cymbalta, Fluticasone, Lactulose, Synthroid, Cozaar, Robaxin, Protonix, Seroquel, Ranitidine, Effexor, Tylenol, Tylenol #3, Percocet, Ativan, Morphine, Naloxone and Zofran. Per progress report dated 09/09/14, the patient is retired. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed". Per progress report dated 02/05/15, treater's reason for the request is "Post-discharge, he will need some degree of assistance at home." However, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. Per progress report dated 02/05/15, treater states, "He is reasonably medically stable..." 3 days after lumbar surgery. There is no explanation as to why the patient requires such home care. No post-operative complications are noted that would require home care for 16 hours per day. Furthermore, the request for 16 hours per day 7 days per week would exceed MTUS recommendation of no more than 35 hours per week. Therefore, the request is not medically necessary.