

Case Number:	CM15-0045447		
Date Assigned:	03/17/2015	Date of Injury:	03/31/2004
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 40 year old female, who sustained an industrial injury on March 31, 2004. She reported pain across the neck and lower back. The injured worker was diagnosed as having status post lumbar fusion lumbar 3-4, lumbar discogenic diagnosis and lumbar facet arthrosis, chronic low back pain, breakdown lumbar 4-5 level and stenosis, revision fusion, left shoulder tendinitis, and left shoulder impingement. On December 19, 2014, she underwent lumbar 4-lumbar 5 and lumbar 5-sacral 1 discectomy with lumbar 4, lumbar 5, and sacral 1 partial corpectomy, instrumentation of lumbar 4-lumbar 5 and lumbar 5-sacral 1, and fusion of lumbar 4-lumbar 5 and lumbar 5-sacral 1. Treatment to date has included activity modifications, lumbar brace, a walker for ambulation, home physical therapy, home care, transcutaneous electrical nerve stimulation (TENS) unit, and pain and anticoagulant medications. On January 7, 2015, the injured worker complains of chronic, severe and constant low back and leg pain and left shoulder pain. Her fixation at lumbar 4-sacral 1 is stable. The physical exam revealed lumbar spine tenderness and a healed scar. The left shoulder has decreased range of motion, a positive impingement sign, and positive acromioclavicular joint and subacromially. The left shoulder was unchanged. The treatment plan includes continuing the home therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health 8 hrs a day for 6 days a week for 6 weeks: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case personal care and activities of daily living. These services are not covered. The request is not medically necessary.