

Case Number:	CM15-0054114		
Date Assigned:	03/27/2015	Date of Injury:	01/25/2001
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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 52 year old female, who sustained an industrial injury on 1/25/2001. Diagnoses have included chronic pain syndrome, Grade 1 spondylolisthesis L4-5 with stenosis and cervical myofascial pain. Treatment to date has included physical therapy, medication and a home exercise program. According to the Primary Treating Physician's Progress Report dated 1/20/2015, the injured worker complained of low back pain. Physical exam revealed tenderness about the lower lumbar paravertebral musculature. There was mildly positive sitting straight leg raise bilaterally. Authorization was requested for a light weight lumbosacral orthosis, home health care assistance three to four hours a day/seven days a week and orthopedic follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home healthcare assistance 3-4 hours a day 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home healthcare.

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

Decision rationale: The patient presents with low back pain. The request is for Home Healthcare Assistance 3-4 hours a day 7 days a week. Physical examination on 01/20/15 to the lumbar spine revealed tenderness to palpation to the lower lumbar paravertabral muscles. Range of motion was limited in all planes. Straight leg raising test was mildly positive. Patient's treatments have included medications, lumbar ESI, and home exercise program. Per 12/18/14 progress report, patient's diagnosis include lumbar spine radiculopathy in left L5 distribution, lumbar disc displacement with annular tear at L5-S1 with nerve root impingement, prior epidural in 2009 with moderate to good relief lasting 3-5 months, and chronic pain syndrome. Patient's medications, per 12/18/14 progress report include Norco, Zanaflex, Cartivisc, Tramadol and Lunesta. Patient's work status was not specified. MTUS Guidelines page 51 has the following regarding home service, "recommended only for otherwise recommended medical treatment for 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 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 RFA dated 01/26/15, the treater is requesting home health care assistance to aid the patient with activities of daily living. In progress report dated 12/18/14, it is stated that the patient's husband assists with ADLs and that he does the laundry, cooks, and cleans approximately 3-4 hours a day before he goes to work and when he returns. In regards to the request for a weekly housekeeper assistance, guidelines do not support the issuance of a home aide solely for the purpose housekeeping. The patient does present with chronic low back pain, but there is no evidence of inability to do simple house chores. There is no neurologic deficit that would inhibit the patient's ability to do house work. Furthermore, MTUS does not consider homemaker services medical treatments, either. Therefore, the request is not medically necessary.