

Case Number:	CM14-0116224		
Date Assigned:	09/16/2014	Date of Injury:	09/13/2007
Decision Date:	10/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a date of injury of 09/13/2007. The listed diagnoses per status post removal of hardware L3-S1 on 06/07/2012; status post lumbar decompression and fusion L3-S1 with instrumentation with subsequent I&D secondary to wound infection, December 2009; and adjacent segment disease at L2-L3 with facet arthrosis. According to progress report 03/26/2014, the patient presents with complaints of severe back pain. He is in physical therapy and feels that it is helping him increase mobilization. Examination of the lumbar spine revealed well-healed incision in the posterior lumbar spine "his motor and sensory exam is unchanged. He has difficulty standing and must use a cane to help him with his ambulation." A letter dated 06/09/2014, indicates the patient has been receiving 6 hours of attendant care for over a year. Treater states he currently continues to need this amount of attendant care as his overall condition has not improved, and in fact, has deteriorated to some degree. He is requesting "6 hours a day attendant care." Utilization review denied the request on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health attendant care 6 hours day: 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 Home Health Services Page(s): 51.

Decision rationale: This patient presents with chronic low back pain and status post lumbar fusion from 2012. Treater states overall condition has not improved and is requesting for home health attendant care 6 hours per day. MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. The treater is asking for an attendant "as the patient continues to have negative impact on activities of daily living." The treater provides no other discussion on whether medical care is needed. MTUS Guidelines do not support home care if "this is the only care needed." Therefore, this request is not medically necessary.