MAXIMUS Federal Services

Case Number:	CM14-0137986		
Date Assigned:	09/05/2014	Date of Injury:	03/06/2006
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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 injured worker is a 50 year old male who was injured on 03/06/06 when he was descending stairs while carrying an 80 pound box and missed a step. The injured worker "fell hard on his feet" and felt a sharp shooting pain in his back. The injured worker is status post 360 lumbar fusion performed in 2010. The level of this fusion is not identified. The injured worker underwent lumbar surgery for bracket removal in 2010. Clinical note dated 03/04/14 states the injured worker complains of low back pain and genitourinary impairments. It is noted the injured worker has not been cleared from a psychiatric perspective for a spinal cord stimulator. This note states the injured worker reports benefit with use of his home interferential unit. The injured worker is noted to ambulate with the assistance of a single point cane. Most recent clinical note dated 07/16/14 states the injured worker complains of low back pain with lower extremity pain and weakness. Physical examination on this date is significant for spasm, tenderness and guarding in the paravertebral muscles of the lumbar spine. Lumbar ROM is noted to be decreased. This note states the injured worker has difficulty bathing, dressing, undressing and using the bathroom. The treatment plan includes a request for authorization for the injured worker to be provided with home health care seven days per week, four hours per day to assist the injured worker with ADLs. A request for home health care was denied by Utilization Review dated 08/08/14 citing a lack of medical records indicating a need for such services on medical grounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health, four (4) hours per - day three (3) days per week - for four (4) weeks: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state home health services are recommended as a medical treatment option for individuals who are homebound. The MTUS Chronic Pain Guidelines states, "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The records submitted for review identify the injured worker's ADL limitations as "difficulty bathing, dressing, undressing and using the bathroom." No other ADL limitations are noted. Records do not indicate the injured worker is homebound. Records do not indicate the injured worker resides alone or with individuals who are unwilling or incapable of assisting the injured worker. Based on the clinical information provided, medical necessity of home health services, four hours per day for three days per week is not established.