

Case Number:	CM14-0143071		
Date Assigned:	09/10/2014	Date of Injury:	04/10/2012
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Practice and is licensed to practice in Texas and Georgia. 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 40-year-old male who reported an injury on 04/10/2012 due to an unknown mechanism. Diagnoses were status post microlumbar decompression left L5-S1 on 07/09/2013, left ankle sprain, multiple herniated discs of the cervical spine, cervical radiculopathy, HNP (herniated disc) of the lumbar spine with moderate to severe stenosis (multilevel), and lumbar radiculopathy. Past treatments were medications, acupuncture, chiropractic therapy, physical therapy, a home exercise program, and injections. Diagnostic studies were an MRI of the lumbar spine on 05/14/2014 that revealed there had been progression of mild disc space narrowing at L5-S1 since 01/2009; mild end plate changes were also present. There was disc desiccation at L4-5. Other disc spaces were well maintained. No acute fractures were seen. The alignment was normal. Conus medullaris terminated at L1-2. Surgical history was 2 left knee arthroscopies, total knee arthroplasty in 2006, lumbar spine surgery, and right knee arthroscopy for IND of presumed infection. The physical examination on 06/03/2014 revealed complaints of low back pain and lower extremity complaints. It was reported that the condition continued to worsen over time. Pain was rated an 8/10 on the pain scale. The injured worker has to walk with a cane due to severe weakness in the bilateral legs. The examination revealed significant tenderness to palpation of the mid line and bilateral paraspinal region. The range of motion for the lumbar spine was flexion to 30 degrees, extension was 0 to 5 degrees, right lateral bend was to 10 degrees, and left lateral bend was to degrees. Sensation was diminished in the left L3, L4, L5, and S1 dermatomes. The Achilles reflexes were diminished equally bilaterally. The treatment plan was for a posterior spinal fusion with decompression. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 2 hours a day for 3 days a week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Home Health Services

Decision rationale: The Official Disability Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis. 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. These recommendations are consistent with Medicare guidelines. The injured worker was not reported to be home bound. The injured worker ambulated with a cane. The rationale for the home health 2 hours a day for 3 days a week was not reported by the provider. Therefore, this request is not medically necessary.