

Case Number:	CM14-0146170		
Date Assigned:	09/12/2014	Date of Injury:	10/17/2013
Decision Date:	12/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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 New Jersey. 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 worker is a 47 year old male who was injured on 10/17/2013. He was diagnosed with lumbago, lumbar spondylosis, neural compression with progressive neurological deficits, segmental instability, spinal bifida occulta, spinal stenosis, pars interarticularis defect, and severe reactive epidural fibrosis. He was treated with epidural injection, physical therapy, and medications. He was later treated with lumbar surgery (fusion) on 8/15/14. On 8/18/14, the worker was seen by his pain management physician post-surgery (in the ICU) reporting being comfortable on the medications provided him. He was then recommended to go home with continuation of Norco and Flexeril at home. He was also sent home with ondansetron, omeprazole, tramadol, and Nalfon. Later, there was a request make (8/25/14) for post-surgical acute home assistance 7 days a week for 8 hours a day for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Surgical Acute Home Assistance 7 Days/Week for 8 Hours/Day For 2 Weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that 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. In the case of this worker, who had recently completed a hospital stay for his lumbar fusion surgery, there was a request made for him to have "acute home assistance" on a daily basis for 2 weeks. However, there was no explanation as to which medical services, if any, were to be completed during those days which the worker was unable to perform himself. Without clarification as to which tasks for which the assistance was needed, the acute home assistance is not medically necessary.