

Case Number:	CM14-0160875		
Date Assigned:	10/06/2014	Date of Injury:	06/14/2001
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 48 year old male who was injured on 6/14/2001. The diagnoses are low back pain, cervicgia, and post laminectomy syndrome. The MRI of the lumbar spine showed degenerative disc disease and intact fusion hardware. On 9/2/2014, the patient noted that the leg pain had subsided following transforaminal epidural steroid injections. There was subjective complaint of difficulty unloading groceries secondary to the low back pain. The objective findings were tenderness of the lumbar paraspinal muscles, decreased range of motion but normal neurological examination. The patient was doing home exercise program and PT. The medications are Roxicodone and Neurontin for pain and Soma for muscle spasm. A Utilization Review determination was rendered on 9/15/2014 recommending non certification for 42 Home Health Visits 3-4 hours a day for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

42 home health care aide visits for 3-4 hours per day, for 6 weeks due to lumbar injury.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institue, LLC; Corpus Christi, TX

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that home health services can be beneficial following injury to enable the patient accomplish health related tasks that can facilitate in the recovery process. It is recommended that health aides cannot be utilized solely to accomplish house chores or housekeeping services. The records indicate an absence of physically incapacitating objective findings. The patient was able to ambulate and accomplish ADL without limitation. There was only subjective complaint of difficulty with some household chores such as unloading groceries. The criteria for the use of 48hours Home Health Visits 3-4 hours per day for 6 weeks were not met.