

Case Number:	CM14-0093552		
Date Assigned:	07/25/2014	Date of Injury:	02/05/2004
Decision Date:	09/19/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Illinois. 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 60-year-old female who reported an injury 02/05/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 05/19/2014, indicated diagnoses of degeneration of lumbar or lumbosacral intervertebral disc and displacement of lumbar intervertebral without myelopathy. The injured worker reported back pain that radiated down her left leg to the left knee. The injured worker reported decreased feeling in her left lower extremity. The injured worker reported falling because of decreased sensation in her leg. The injured worker reported her leg pain is much worse than her lower back pain. On physical examination, the injured worker had tenderness to palpation to the midline, positive tenderness to the right paraspinal and positive tenderness to the left paraspinals and positive tenderness to the right sacroiliac joint. The injured worker's left straight leg raise was 35 degrees and right straight leg raise was 60 degrees, limited by pain. The injured worker's lumbar range of motion revealed flexion of 20 degrees, limited by pain; extension limited by pain; decreased sensation in the L4-5 and S1 distribution on the left side, approximately 40% more than the right side. The injured worker had reported pain medications were helping her cope with her lower back pain, but she had been having problems driving, as well as ambulating. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen was not provided for review. The provider submitted a request for home care/help for 6 weeks. A Request for Authorization dated 05/19/2014 was submitted for home health care. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care/Help for 6 weeks: 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: The request for Home Care/Help for 6 weeks is non-certified. The CA MTUS guidelines recommend home health services only for otherwise 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. 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. There is lack of clinical information indicating the injured worker's medical necessity for home health services. Also, per the guidelines homemaker services like shopping, cleaning are not included as medical treatments to include bathing, dressing, and using the bathroom. Additionally, there is lack of evidence of the injured worker being homebound or attending type of rehabilitation program, such as physical therapy. Moreover, the provider did not indicate a rationale for the request. Furthermore, the provider did not specify hours or days in the request. Therefore, the request of Home Care/Help for 6 weeks is not medically necessary and appropriate.