

Case Number:	CM14-0212636		
Date Assigned:	12/30/2014	Date of Injury:	04/12/2008
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2008. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for postoperative home health care and denied a request for current home health care. The claims administrator referenced various progress notes, including a November 7, 2014 progress note and November 24, 2014 RFA form. The claims administrator suggested that the information provided by the attending provider was, in fact, incomplete. The applicant's attorney subsequently appealed. On December 12, 2014, the applicant reported persistent complaints of low back pain. The applicant was status post an earlier lumbar laminectomy surgery. The applicant had derivative complaints of posttraumatic stress disorder. The applicant also had various other allegations, including irritable bowel syndrome, obstructive sleep apnea, hypothyroidism, it was stated. The applicant was on Norco, Motrin, and OxyContin. The applicant was able to make into a grocery store and could do some walking and hiking, it was suggested. The applicant was using alprazolam, AndroGel, Soma, Lunesta, Norco, Motrin, and OxyContin. The applicant was placed off of work, on total temporary disability. The applicant had a healing surgical incision line evident. The applicant was kept off of work. The attending provider noted that the applicant had developed fatigue of unclear etiology. The applicant was described as having recently been discharged from hospital on October 21, 2014. On that date, the applicant underwent an L5-S1 lumbar disk replacement procedure of some kind. The applicant reported persistent complaint of axial and radicular pain complaints. The applicant was

on OxyContin, Motrin, and Norco. Physical therapy was endorsed while the applicant was placed off of work, on total temporary disability. In an October 1, 2014 preoperative evaluation, it was stated that the applicant had decided to pursue an artificial disk replacement surgery at L5-S1. In a progress note dated December 3, 2014, the attending provider stated that he was seeking and/or appealing home health services for the purpose of rendering the applicant with assistance with activities of daily living including cooking, cleaning, and bathing. The attending provider stated that the applicant could receive the services from a registered nurse, family member, or any other individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Surgery Home Health Care 5 hours daily times 2 weeks (dys) quantity 14.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -Treatment in Workers comp 2012 , Home Health Services

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

Decision rationale: The attending provider stated that he was seeking assistance for activities of daily living such as cooking, cleaning, bathing, etc. Such homemaker services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, do not constitute medical treatment. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that home health services should be limited to those individuals who are unable to the role of delivering medical treatment for applicants who are homebound or bedbound. Here, the applicant's was described as ambulatory on a September 12, 2014 progress note, referenced above. There was no mention of the applicant's being homebound or bedbound on that date. The applicant was participating with physical therapy, it was suggested. Therefore, the request was not medically necessary.

Current Home Health Care 7 hours daily times 4 weeks (days) quantity 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -Treatment in Workers comp 2012 , Home Health Services

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment does not, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, include homemaker services such as assistance for cooking, cleaning, bathing, i.e., the services reportedly being sought here, per the

attending provider's letter dated December 3, 2014. Therefore, the request is not medically necessary.