MAXIMUS Federal Services

Case Number:	CM14-0212899		
Date Assigned:	12/30/2014	Date of Injury:	01/09/2013
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 year old male claimant with an industrial injury dated 01/09/13. Exam note 10/15/14 states the patient returns with low back pain. The patient rates the pain a 10/10 and resulting in an inability to walk. Upon physical exam the patient demonstrated a decreased with pain range of motion of the lumbar spine. There was evidence of tenderness present over the lumbar facet joint and paraspinal musculature. Exam straight leg raise was noted as positive with 70' on the right and 60' on the left. There was muscle spasms present along with radiculopathy surrounding L4-S1 bilaterally. The patient revealed decreased sensation at L4-S1 bilaterally. Current medications include Anaprox, Flexeril, Norco, and Neurontin for pain relief. Diagnosis is noted as lumbar discogenic disease, lumbar radiculopathy, chronic low back pain, and L4-5 Grade I anterolisthesis and severe stenosis. Treatment includes a continuation of medication and a home health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op home health evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Home Health Services

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration.There is no evidence in the records from 10/15/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for non-certification.

Associated surgical service: Home health aid 4 x 5 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Home Health Services

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 10/15/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for non-certification.

Associated surgical service: Bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone Growth Stimulators

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, Bone growth stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the lumbar spine. According to the ODG, Low Back, bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level and there is no high risk factors demonstrated in the records submitted. Therefore determination is for non-certification.