

Case Number:	CM14-0215777		
Date Assigned:	01/05/2015	Date of Injury:	03/31/2009
Decision Date:	02/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male with date of injury 3/31/09. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of the pain to the right lower extremity since the date of injury. He has been treated with right L5 foraminotomy and hemilaminectomy, physical therapy, spinal cord stimulator and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, antalgic gait, decreased sensation in the right L5 and S1 dermatomes. Diagnoses: right S1 radiculopathy, lumbar spine degenerative joint disease, status post lumbar spine surgery. Treatment plan and request: home care assistance 8 hours per day, 5 days per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 8 hours a day, 5 days a week: 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: This 54 year old male has complained of low back pain with radiation of the pain to the right lower extremity since date of injury 3/31/09. He has been treated with right L5 foraminotomy and hemilaminectomy, physical therapy, spinal cord stimulator and medications. The current request is for home care assistance 8 hours per day, 5 days per week. Per the MTUS guidelines cited above, home health services are recommended 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 (shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom) as this patient is currently requesting. On the basis of the available medical records and above cited MTUS guidelines, home health services are not indicated as medically necessary.