MAXIMUS Federal Services

Case Number:	CM15-0010085		
Date Assigned:	01/27/2015	Date of Injury:	05/18/2012
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 60 year old male sustained a work related injury on 05/18/2012. As of a progress report dated 12/08/2014, the injured worker continued to have worsening back pain and leg pain. Left leg pain was worse than the right leg pain. He also complained of neuropathic pain and severe depression. Pain level was rated 6-8 on a scale of 1-10. Treatments have included anti-inflammatory medications, physical therapy, chiropractic treatments, acupuncture, left L4-L5 and L5-S1 discectomy 11/12/2013 with initial improvement but unfortunately now with subsequent worsening and bilateral L4-L5 and L5-S1 transforaminal epidural injection on 09/01/2014. The injured worker reported 50 percent improvement following the injection, but was only temporary for a couple of weeks. Diagnoses included:1. Evaluate and rule out further disc herniation at the left L5-S1. In view of the recent significant worsening of the left leg pain a MRI was required.2. Severe discogenic pain at L4-5 and L5-S1.3. Retrolisthesis/Spondylolisthesis at L4-L5.4. Moderate to severe foraminal stenosis bilaterally at L4-L5, with facet arthropathy.5. Neuropathy pain with radicular symptoms.6. Major depression.7. Gastritis.8. Left sacroiliitis.The plan of care included home care full time to help him with ambulating, keeping garbage, cooking, cleaning, and daily chores. The provider noted that preferably his wife should be authorized for this because she was more familiar with his daily requirement. The injured worker was unable to work.On 12/17/2014, Utilization Review non-certified homecare full time 7 days a week for 12 weeks. According to the Utilization Review physician, the injured worker had no documented medication treatment needs at home.

Guidelines cited for this request included Official Disability Guidelines Low Back. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Homecare full time 7 days a week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back, Home health services

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

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. These recommendations are consistent with Medicare Guidelines.In this instance, there are no documented medical treatment needs that are not being met in the home. The injured worker would appear to be at least intermittently home-bound. An Oswestry Disability Index was said to be charted but that information does not appear in the records submitted. The charting does note that the injured worker is severely deconditioned and depressed. The referenced guidelines, do not, however, address the need for homemaker services. The requesting physician does not state why these homemaker needs cannot be done by the injured worker's wife. The note from 6-4-2014 states that the injured worker grooms himself and that his wife was already cooking dinner when she returned home from work. Therefore, homecare full time 7 days a week for 12 weeks is not medically necessary in view of the submitted medical records and with reference to the cited guidelines.