

Case Number:	CM15-0110575		
Date Assigned:	06/17/2015	Date of Injury:	12/12/2013
Decision Date:	07/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 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:

The injured worker is a 72 year old female, who sustained an industrial injury on 12/12/2013. She has reported injury to the low back. The diagnoses have included spinal cord injury not otherwise specified without spinal bone injury. Treatment to date has included medications, diagnostics, wheelchair, physical therapy, occupational therapy, and surgical intervention. Medications have included Keppra and multivitamins. A progress report from the treating physician, dated 05/27/2015, documented an evaluation with the injured worker. Currently, the injured worker complains that she has not been having bowel movements unless it is digitally removed; and she was previously in a bowel program where the nurse would come in and aid in that. Objective findings included unable to ambulate without assistive devices and she is only able to ambulate short distances; there is a well-healed scar over the lower lumbar region; there is no spasm or tenderness to palpation of the paraspinal muscles; sensation is reduced in the bilateral lower extremities; reflexes are hyperactive; and there is decreased muscle strength in the hip flexors, knee extensors, ankle dorsiflexors, long toe extensors, and ankle plantar flexors. The treatment plan has included the request for bowel program every other day or as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bowel program every other day or as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Home Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. The patient has a documented spinal cord injury. The requested bowel program consists of a nurse coming to the house to assist with bowel issues. Therefore the request meets criteria and is medically necessary.