

Case Number:	CM15-0114224		
Date Assigned:	06/22/2015	Date of Injury:	10/12/2005
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 10/12/05. He has reported initial complaints of a low back injury. The diagnoses have included lumbosacral strain/sprain, lumbar disc protrusion, degenerative joint disease (DJD) with history of lumbar rhizotomies and depression and anxiety. Treatment to date has included medications, lumbar rhizotomies, diagnostics, heat, Lumbar-Sacral Orthosis (LSO), psychiatric, and home exercise program (HEP). Currently, as per the physician progress note dated 4/24/15, the injured worker complains of low back pain that radiates to the bilateral extremities with spasms. The pain is described as moderate, frequent, dull, sharp, numbness and tingling. The pain is rated 7-8/10 on pain scale. The objective findings include decreased lumbar range of motion in all planes, tenderness with spasm, decreased sensation to pinprick and light touch bilateral L5-S1, and positive straight leg raise bilaterally with low back pain. According to the physician medical legal progress note dated 4/28/15, the physician notes that the injured worker experienced significant benefits with his medications and exercise and it was through the help of home care assistance, provided by the wife, who continually assisted him with medication intake, household chores and exercise. He notes that without the help of home care, the injured worker would further aggravate and worsen his pain and symptomology. The current medications included Norco, Xanax and Lisinopril. There are no previous diagnostic reports such as X-rays or Magnetic Resonance Imaging (MRI) reports noted in the records. The physician requested treatment included Retrospective Ancillary Home Assistance, four hours a day, seven days a day for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ancillary Home Assistance, four hours a day, seven days a day for six weeks:
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, Pain: Home Health Services.

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

Decision rationale: The patient presents on 04/24/15 with lower back pain rated 7-8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 10/12/05. Patient is status post lumbar rhizotomies at L3-L5 and L4-L5 levels at a date unspecified, and status post bilateral total knee replacements in 2008. The request is for RETROSPECTIVE ANCILLARY HOME ASSISTANCE, FOUR HOURS A DAY, SEVEN DAYS A WEEK FOR SIX WEEKS. The RFA was not provided. Physical examination dated 04/24/15 reveals moderate tenderness to palpation of the lumbar spine, decreased lumbar range of motion in all planes, decreased sensation in the bilateral lower extremities along the L5-S1 dermatomal distribution, and positive straight leg raise test bilaterally. The patient is currently prescribed Norco, Lisinopril, and Xanax. Diagnostic imaging findings included lumbar MRI dated 04/27/11, showing: "two- to- three millimeter disc protrusions at L3-L4, L4-L5, and L5-S1 with facet hypertrophy." Patient is currently not working. MTUS Guidelines page 51 has the following regarding home service, 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 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. In regard to the retrospective request for unspecified ancillary household help, non-medical "ancillary home assistance" does not constitute appropriate in-home medical treatment. In a supplemental medical legal report, dated 04/03/15, the requesting physician provides a lengthy discussion of this patient's home health/ADL needs. The provider states that a home assessment evaluation report was created on 12/18/14 which recommends ancillary assistance (meal preparation and assistance, TENS unit usage, ointment application, and household chores) seven days per week, four hours per day. In a separate medical legal report dated 04/28/15 addressed to the utilization reviewer, the requesting physician again reiterates the medical necessity of home-healthcare. He goes on to explain that these ancillary treatments are being provided by the patient's wife, stating: "Lastly, the patient had experienced significant benefits with his medications and exercise. Let me point out that this was through the help of home care assistance provided by his wife, who continually assists him in his medication intake, exercise, and household chores without the help of home care, the patient will further aggravate and worsen his pain and symptomology." While this patient presents with significant chronic pain, help at home provided by one's spouse does not constitute medical treatment by a trained professional. It is also unclear how this patient's at-home care provided by his wife will

suddenly become unavailable if not endorsed by utilization review. MTUS guidelines do not support the use of home health aides for the performance of household chores when this is the only care needed. While it is stated that this patient gets some assistance from his wife with medications and TENS unit, it is not clear why this patient is unable to perform these activities himself. The requested ancillary services provided by the patient's spouse appears excessive and IS NOT medically necessary.