

Case Number:	CM15-0115724		
Date Assigned:	06/24/2015	Date of Injury:	09/30/2003
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: California, Hawaii
 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 56 year old female who sustained an industrial injury on 09/30/2003. Mechanism of injury occurred when she slipped and fell on a cement floor with soap on it. She landed hard on her right lower back. Diagnoses include post laminectomy syndrome of the lumbar regions, flat back deformity, and rotoscoliosis and acceleration of L5-S1 degeneration and scoliosis of L2-L2. As of 03/24/2015 her medications include Duragesic, OxyContin, Percocet, Xanax and Phenergan. Treatment to date has included status post L2 through L5 spinal fusion, and medications. A physician progress note dated 05/22/2015 documents the injured worker complains of severe chronic low back pain and leg pain. She is unable to do any house work. She is only able to do her activities of daily living which is taking care of herself. The daily in home care is to do all the other activities she is unable to do due to her chronic pain and instability. Treatment requested is for Home health care 2 hours / day x5 days / week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 2 hours / day x5 days / week: Upheld

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

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

Decision rationale: The records indicate the patient is having severe chronic lower back and leg pain. The current request is for home health care 2 hours/day x5 days/week. The 5/22/15 attending physician report page 55 (b), notes that the patient is only capable of performing her activities of daily living. He recommends home health care for all other things she is unable to do secondary to her lower back pain and instability. The CA MTUS states, regarding home health services, 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 and laundry and personal care given by home health aides like bathing, dressing and using bathroom when this is the only care needed. In this case, the medical records suggest that the home health care has been recommended for tasks that are not medical treatment as defined by the MTUS guidelines. Furthermore, the medical records did not contain a rationale for which to make an exception to this guideline recommendation. The current request is therefore not medically necessary.