

Case Number:	CM15-0124207		
Date Assigned:	07/08/2015	Date of Injury:	09/28/2000
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43 year old female who sustained an industrial injury on 9/28/00. She had complaints of pain in her lower back, buttocks, and right leg. Treatments include medication, physical therapy, epidural injections, electrical stimulation device, hot and cold packs and surgery. Primary care physician's report dated 4/14/15 reports constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing and walking multiple blocks. The pain is described as sharp and travels into the lower extremities, rated 8/10. Plan of care includes: refill medications, advised that there are no guarantees of outcomes of the scheduled surgery, risks and benefits discussed, informed consent obtained. Preoperative medicines are being requested under separate cover letter. Postoperative appointment provided. Operative note dated 4/17/15 reports preoperative diagnoses: status post L4-5 posterior lumbar interbody with L3-4 junctional level pathology, segmental instability, and neural compression with progressive neurological deficit. Postoperative diagnoses includes: spinal stenosis/severe reactive epidural fibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance, four hours daily, five days weekly, for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health assistance four hours per day, five days per week times two weeks is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, when the injured workers working diagnosis is lumbago status post PLIF. The date of injury is September 28, 2000. The request for authorization is dated May 21, 2015. The injured worker status post L3 - L4 laminectomy and fusion. The injured worker had hardware removal April 17, 2015. According to a May 5, 2015 progress note, the injured worker has ongoing low back pain and can "walk multiple blocks". Objectively, gait is intact. There is no documentation of an assistive device. The injured worker is 5'5" and weighs 160 pounds. There is no documentation the injured worker is homebound. There is no clinical discussion of clinical rationale for a home health aide or home health assistance. A subsequent progress note dated May 19, 2015 indicates the injured worker has low back pain that is improving. There is no clinical discussion/rationale for home health aide or home health assistance. Consequently, absent clinical documentation with a clinical indication for rationale for a home health aide/home health assistance and homebound status, home health assistance four hours per day, five days per week times two weeks is not medically necessary.