

Case Number:	CM15-0124651		
Date Assigned:	07/09/2015	Date of Injury:	04/08/1997
Decision Date:	08/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 64-year-old female, who sustained an industrial injury on 04/08/1997. She has reported injury to the low back. The diagnoses have included lumbar spine radiculopathy; and failed back syndrome, lumbar. Treatment to date has included medications, diagnostics, surgical intervention, and home exercise program. Medications have included Oxycontin, Fentanyl, Morphine ER, Trazodone, Voltaren Gel, Norco, Dilaudid, Soma, Prozac, Xanax, and Achiphex. A progress report from the treating physician, dated 01/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased mid and low back pain; she feels her back is progressively getting worse; she is able to do her own grooming; she walks her dog when she is able; she has [REDACTED] to help clean her house; her sister provides her transportation; her husband cook and cleans; and her medications allow her to be somewhat functional in her activities of daily living, without adverse side effects, and keep her pain at a more tolerable level. Objective findings included she does not appear to be impaired by her medications; she is in no acute distress; there is no apparent loss of coordination; palpation of the lumbar facet reveals pain on both the sides at L3-S1 region; palpable twitch and positive trigger points are noted in the lumbar paraspinous muscles; gait appears to be normal, slow; palpation of the greater trochanteric bursa reveals tenderness on both the sides; anterior lumbar flexion causes pain; and there is pain noted with lumbar extension. The treatment plan has included the request for 24 [REDACTED] Services, 2 x 1 month, 1-2 hours for 12 hours, for submitted diagnosis lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 [REDACTED] service, 2 x 1 month, 1-2 hours for 12 hours, for submitted diagnosis lumbar radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines recommend home health services 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. This request is for homemaker services and not for medical treatment. The request for 24 [REDACTED] service, 2 x 1 month, 1-2 hours for 12 hours, for submitted diagnosis lumbar radiculopathy is determined to not be medically necessary.