

Case Number:	CM15-0127639		
Date Assigned:	07/14/2015	Date of Injury:	09/19/2012
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, 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 62 year old female, who sustained an industrial injury on 9/19/2012. She reported low back pain after her patient fell on top of her. The injured worker was diagnosed as having lumbar discogenic syndrome and sprain/strain of the sacroiliac region. Treatment to date has included diagnostics, medications, lumbar spinal surgery in 2013 with subsequent loss of feeling in her legs and loss of bowel and bladder control, physical therapy, admission to a rehabilitation facility, mental health treatment, and home exercises. Currently (6/01/2015), the injured worker reported right heel improving. Objective findings included a pressure sore on the right heel with eschar. The treatment plan included visit nurse assist for activities of daily living three days per week for six months. Per the Qualified Medical Re-Evaluation (4/29/2015), she was provided 24-hour care by her sons due to difficulty with activities of daily living. Her gait was antalgic with a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visit nurse assist in activities of daily living (ADLs), three days weekly for six months:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 51 of 127.

Decision rationale: This claimant was injured in 2012 with low back pain after a patient fell on top of her. The diagnoses were lumbar discogenic syndrome and sprain/strain of the sacroiliac region. Treatment to date has included diagnostics, medications, lumbar spinal surgery in 2013 with subsequent loss of feeling in her legs and loss of bowel and bladder control, physical therapy, admission to a rehabilitation facility, mental health treatment, and home exercises. As of June 2015, there was a pressure sore on the right heel with eschar. The treatment plan included nurse assistance visits not for medical reasons, but for activities of daily living three days per week for six months. Per the Qualified Medical Re-Evaluation (4/29/2015), she was provided 24 hour care by her sons due to difficulty with activities of daily living. Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non- medical services and activities of daily living. However, the guide specifically notes that 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) A nurse level of care is a mismatch to the kinds of home services the request says the claimant needs. As presented in the records, the evidence- based MTUS criteria for home health services evaluation would not be supported and is appropriately not medically necessary