

Case Number:	CM15-0129519		
Date Assigned:	07/16/2015	Date of Injury:	11/18/2002
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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 was a 52 year old female, who sustained an industrial injury, November 11, 2002. The injured worker previously received the following treatments Dilaudid, Gabapentin, Hydrocodone, Diazepam, Effexor, Omeprazole, Temazepam, Trazodone, Mometasone/formoterol, Imitrex, Benadryl, Nuvigil and Xanax. The injured worker was diagnosed with degenerative disc disease and back fusion. According to progress note of June 16, 2015, the injured worker's chief complaint was low back pain 3 out of 10. The injured worker was unable to move without having pain. The injured worker sued a cane or walker for ambulation. The injured worker was one week status post lumbar spine fusion surgery. The physical exam noted muscle tenderness of the right and left side of the low lumbar region. The June 23, 2015 home health service noted that the husband was the primary care giver and broke a leg and was on crutches. The husband was unable to care for the injured worker at this time. The treatment plan included home health aide services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 2 times a week for 2 weeks: Upheld

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

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 aid.

Decision rationale: Pursuant to the Official Disability Guidelines, home health aide two times 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 or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker is one week status post lumbar fusion surgery at L4-L5 and L5-S1. According to a progress note dated June 19, 2015, the injured worker complained of ongoing low back pain with right low extremity radiculopathy. Pain is 10/10. There are no neurological symptoms noted in review of system section. Objectively, there was a normal neurological examination with normal motor and sensory examination. There was no documentation indicating the injured worker was homebound. There was poor pain control. There was no clinical rationale in the June 19, 2015 progress note for a home health aide. According to the utilization review, the injured worker was re-admitted to the hospital with IP rehabilitation. Objectively, there was no neurologic deficit with lumbar tenderness. There were no other significant neurologic findings noted. After re-admission (prior to discharge) from the hospital and rehabilitation, a home health evaluation is indication. Consequently, absent clinical documentation of homebound status with an unremarkable neurological and motor examination, home health aide two times per week times two weeks is not medically necessary.