

Case Number:	CM15-0176186		
Date Assigned:	09/17/2015	Date of Injury:	02/09/1995
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 2-9-95. The injured worker was diagnosed as having lumbago, lumbosacral radiculitis, post lumbar laminectomy syndrome and myalgia. The physical exam (2-25-15 through 5-26-15) revealed lumbar flexion 10-15 degrees, extension less than 5 degrees and lateral bending less than 5 degrees. The treating physician also noted difficulty with activities of daily living. Treatment to date has included an L5-S1 discectomy in 1995, lumbar MRIs and physical therapy. Current medications include Cyclobenzaprine, Gabapentin and Tramadol. As of the PR2 dated 7-20-15, the injured worker reports low back pain radiating to the right lower extremity. She indicated that she is unable to clean her house, climb stairs and has difficulty dressing because of her back pain. Objective findings include lumbar flexion 10 degrees, extension less than 5 degrees and lateral bending less than 5 degrees. There is also decreased sensation to touch over the L5 dermatome on the right. The treating physician noted that the injured worker has purchased an electric scooter because her walking distance has decreased due to her right leg giving out. The treating physician requested 4 hours a week of home health for 6 months. On 8-11-15 the treating physician requested a Utilization Review for a week of home health for 6 months. The Utilization Review dated 8-19-15, non-certified the request for a week of home health for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 hours a week of home health for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The patient is a 66 year-old female who injured her back 20 years ago and has chronic low back pain. CA MTUS states that home health services are 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, using the bathroom when this is the only care needed. The request is for an aide to perform homemaker services, which is not recommended. There is no indication of a medical need for home health services. There is insufficient documentation or rationale for 4 hours per week for 6 months. Therefore the request is not medically necessary or appropriate.