

Case Number:	CM15-0177491		
Date Assigned:	09/18/2015	Date of Injury:	07/21/2000
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California

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 69 year old male who sustained an industrial injury on 7-21-00 when he was hit in the back from behind resulting in back pain radiating to the hips and legs. Diagnoses included lumbar radiculopathy; failed low back syndrome with chronic pain; degeneration of lumbosacral intervertebral disc; long term medication use; dementia, his driver's license was suspended 3 years ago due to "mental instability" per the 7-8-15 functional restoration evaluation. He currently (8-17-15) complains of extreme right mid back pain radiating to the right buttock and down the right leg to the foot, He reports similar symptoms on the left side but not as intense. His pain level is 5 out of 10 with medications and 9-10 out of 10 without medications. He is able to travel with his walker, shop and socialize. Without medications, he would be bedbound. Physical exam reveals right to left bilateral tenderness of the L3-5 paraspinal muscles, decreased range of motion of the lumbar spine; lower extremities are red and swollen with peeling dry skin. He uses a cane for ambulation. On 8-10-15, the note indicated that the injured worker was pain free and was no longer taking his pain medications and his speech was tangential. Diagnostics include electromyography-showing evidence of chronic L5 and S1 radiculopathies with mild ongoing denervation. Treatments to date included medications: docuprene, Morphine Sulfate, Prilosec, Voltaren XR, Flexeril, Norco, Theramine; status post discectomy L3-4, L4-5 post lumbar interbody fusion, foraminectomy. In the progress note dated 8-17-15 the treating provider's plan of care included a request for home health nurse to visit him twice per week and to help him with activities of daily living such as hygiene. The injured worker has some component of dementia, his wife is unable to care for him, and the concern of

the provider is correct medication use without supervision. The request for authorization dated 8-19-15 indicated home health nurse twice per week (no quantity specified). On 9-2-15 utilization review evaluated and non-certified the request for home health nurse 2 times per week, based on no documentation that the injured worker is homebound or clear justification for home care and no specified time period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: 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, and using the bathroom when this is the only care needed. In this case, the request was for personal hygiene, which is not considered a medical necessity by the guidelines. In addition, the amount of hours was not specified. The request for the home health services does not meet the guidelines and is not medically necessary.