

Case Number:	CM15-0178619		
Date Assigned:	09/18/2015	Date of Injury:	08/16/2012
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 8-16-2012. The injured worker is being treated for herniated left L4-5 disc with severe left lateral recess stenosis. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, epidural steroid injections and diagnostics. Per the Primary Treating Physician's Progress Report dated 7-30-2015 the injured worker reported constant low back pain which radiates into her left buttock and down her left lateral thigh and calf to her foot associated with numbness and tingling. Objective findings of the lumbar spine included reduced ranges of motion in all planes. There was moderate tenderness to the lumbosacral midline and positive left sciatic notch tenderness. Work status was temporarily totally disabled. The plan of care included surgical intervention (L4-5 laminectomy and discectomy) and authorization was requested for postoperative home health care x 1 week (5 days) 8 hours per day. On 8-25-2015, Utilization Review non-certified the request for home health care x 1 week (5 days) 8 hours per day citing MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x 1 week (5 days) 8 hours a day: 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: The patient presents with pain affecting the low back with radiation to the left buttock and down the left lower extremity. The current request is for Home health care x 1 week (5 days) 8 hours a day. The treating physician report dated 7/30/15 (217B) states, "The patient does not have any family that can care for her during the day postoperatively. I request authorization for home health care for 8 hours a day x1 week." The MTUS guidelines state "Home health services: 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." The guidelines are clear that home health services are for medical treatment only and not for homemaker services. In this case, the current request for 40 hours of a home health aide exceeds the 35 hours supported by the MTUS guidelines. Furthermore, the physician does not specify what medical services are to be performed by the home health aide, and why the patient is unable to perform them herself. The current request does not satisfy the MTUS guidelines as outlined on page 51. The current request is not medically necessary.