

Case Number:	CM15-0178889		
Date Assigned:	09/21/2015	Date of Injury:	08/28/2013
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female with an industrial injury dated 08-28-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbar spinal stenosis with claudication, and lumbago. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine on 10-06-2014, prescribed medications, 2 epidural steroid injections (ESI), lumbar surgical procedure, activity modifications, physical therapy, chiropractic therapy, acupuncture therapy, and periodic follow up visits. Medical records (5-21-2015 to 8-19-2015) indicate ongoing low back pain. In an operative report dated 08-06-2015, the injured worker underwent a bilateral L4-5 laminectomy with no noted complications and minimal blood loss. According to the progress note dated 08-19-2015, the injured worker presented first post-op visit status post L4-5. The injured worker reported difficulty with activities of daily living. The injured worker reported dropping pain medicine in sink and dropping food while trying to cook. The injured worker reported minimal back pain, anterior thigh numbness and anterior thigh pain. Documentation (8-19-2015) noted that the injured worker has not had any home physical therapy. Objective findings (8-19-2015) revealed improved posture, uses walker for ambulation, incisions intact with no signs of infection, full lower extremity strength, and grossly intact sensory to light touch in L2-S1 distribution. The treating physician reported that the injured worker was doing well with improvement in previous leg pain and ability to stand up better. The treating physician reported that the injured worker is having trouble preparing meals and trouble with activities of daily living. The treatment plan included home care, medication management, and follow up appointment. The original utilization review determination (08-26-2015) denied the request for home health aide for assistance with ADL's and meal preparation QTY: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide for assistance with ADL's and meal preparation QTY: 12: 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 aide for assistance with ADL's and meal preparation QTY: 12 is not medically necessary per the MTUS Guidelines. The 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, and using the bathroom when this is the only care needed. The documentation is not clear that this patient is homebound and the request is not specific for how many hours per week of home health are needed. This request is not medically necessary.