

Case Number:	CM15-0076317		
Date Assigned:	04/27/2015	Date of Injury:	04/19/1994
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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
 Certification(s)/Specialty: Emergency 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 60 year old male patient who sustained an industrial injury on 04/19/1994. A orthopedic follow up visit dated 06/10/2014 reported current complaints of constant cervical spine pain. The pain is activity related and aggravated with twisting, turning, and bending activities. He does have numbness and tingling extending into bilateral upper extremities; greater on the right. The patient also continues to experience low back, lumbosacral, and bilateral hip pains. The patient was diagnosed with: status post lumbar laminectomy with lumbar fusion and interbody cages bilateral L4-5; degenerative disc disease L5-S1 with associated facet arthropathy resulting in bilateral neuroforaminal narrowing greater on the right; cystic lesion right hip and posterior capsule possible tear; labral tear of left hip, and cervical spondylosis C5-6 and C6-7. The plan of care involved discussion regarding removal of hardware, home care recommendation, and he was given Flexeril, and Voltaren. He is to return for follow up in one to two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

365 days of home healthcare 7 days a week/24 hours a day (to be provided by the claimant's wife): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services.

Decision rationale: The requested 365 days of home healthcare 7 days a week/24 hours a day (to be provided by the claimant's wife), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note 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 treating physician has documented status post lumbar laminectomy with lumbar fusion and interbody cages bilateral L4-5; degenerative disc disease L5-S1 with associated facet arthropathy resulting in bilateral neuroforaminal narrowing greater on the right; cystic lesion right hip and posterior capsule possible tear; labral tear of left hip, and cervical spondylosis C5-6 and C6-7. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, 65 days of home healthcare 7 days a week/24 hours a day (to be provided by the claimant's wife) is not medically necessary.