

Case Number:	CM15-0077282		
Date Assigned:	04/28/2015	Date of Injury:	06/24/2013
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Preventive Medicine, Occupational 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 was a 56-year-old female, who sustained an industrial injury, June 24, 2013. The injured worker previously received the following treatments Some, Tylenol #4, Ambien, physical therapy, epidural injections, different pain medication regimen, epidural injection, behavioral modification, bracing, chiropractor and acupuncture. The injured worker was diagnosed with low back pain with right leg sciatica secondary to degenerative spondylolisthesis at L4-L5. According to progress note of March 11, 2015, the injured workers chief complaint was significant back pain with radiation into the legs. The injured worker was having difficulty with sitting, standing and walking because of the symptoms. The injured worker symptoms have severely impaired the injured worker's functional ability to perform activities of daily living. The examination of the lumbar spine noted severe tenderness with palpation of the lower back region with extension increasing pain. There was moderate guarding with motion. The straight leg raise testing was positive bilaterally worse on the right. The treatment plan included post-operative home health care 8 hours a day 2 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Home Health Care, 8 hours a day for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services section Page(s): 51.

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. This request is for homemaker services and not for medical treatment. This injured worker has no documentation of severe limitations that would make her home bound. Additionally, she has not had a recent surgery that would necessitate home health care. The request for Postoperative Home Health Care, 8 hours a day for two weeks is determined to not be medically necessary.