

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old male who reported an injury on 08/03/2012 due to lifting a heavy object while performing normal job duties. Due to continued pain, the patient underwent a T10 through S1 laminectomy which provided temporary relief. The patient participated in physical therapy. The patient had lower extremity weakness rated 3/5 on the right greater than the left. The patient's diagnoses included significant lumbar degeneration disc disease with segmental instability at the L3 through S1 with foraminal stenosis and residual discogenic compression. The patient's treatment plan included continued physical therapy, medication management, and home health assistance.

IMR DECISION(S) AND RATIONALE(S)

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

1. Home health care to assist with ADL for 2 months is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, Page 51.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 51, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested home health care to assist with ADLs for 2 months is not medically necessary or appropriate. The patient does have continued issues with ambulation and pain. California Medical Treatment Utilization Schedule states that home health services are appropriate for patients who are considered home bound. The clinical documentation submitted for review does not provide evidence that the patient is considered home bound. Additionally, home health

services are not recommended for homemaker services like shopping, cleaning, laundry, or personal care. There is no documentation that the patient requires any other services aside from personal care. As such, the request for home health care to assist with ADLs for 2 months is not medically or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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