

Case Number:	CM13-0012909		
Date Assigned:	11/06/2013	Date of Injury:	06/01/1995
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 only clinical documentation submitted for review is dated 04/23/2013, where the patient was seen for having his chronic severe low back pain treated. The patient has been noted as taking Norco, Naproxen, and Flexeril. The patient has also been seen for pain management consult and has utilized an inferential TENS unit which is no longer functional. Daily the patient uses an inversion table to help relieve the discomfort in his lower back. The mechanism of injury of this patient's injury is unclear. It states that he reported the injury 06/01/1995 and at the time his occupation was as a truck driver. He has previously received care through the Salas Homecare Assessment as recent as 07/2013. On the documentation from one of the initial assessments through the homecare system, it states that the patient has degenerative disc and joint disease and depends on assistance for 2 or more ADLs and will remain that way for the rest of his life. On the lumbar spine examination on the 04/23 date, the patient was noted as ambulating with a normal gait with no limp present, he stands with a normal lumbar lordosis, and the crest of his ilium is parallel to the floor. The patient has been diagnosed with lumbar degenerative disc disease and lumbar spine myoligamentous sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 - Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Home health services.

Decision rationale: Regarding the request for Home Health Assistance, the California MTUS and ACOEM guidelines do not address home health assistance. Therefore, the Official Disability Guidelines has been applied to this case. Under ODG, it states that home health service is 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. As stated before, the patient has utilized home health care in the past; however, there is no current clinical information indicating this patient has had any significant change in his pathology to warrant a home health aide at this time. The last clinical documentation was dated 04/23/2013, which noted overall the patient is suffering mainly from chronic severe low back pain. This being a common diagnosis, there is nothing presented in the clinical documentation that states that the patient is considered homebound, part-time or intermittent. Without having sufficient information regarding the patient's current medical status, the requested Home Health Assistance is not considered medically necessary at this time.