

Case Number:	CM13-0021553		
Date Assigned:	10/11/2013	Date of Injury:	07/21/2003
Decision Date:	01/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic neck and low back pain associated with an industrial injury of July 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; prior cervical fusion surgery; prior lumbar fusion surgery; subsequent lumbar hardware removal; subsequent revision lumbar fusion surgery; epidural steroid injection; supplemental testosterone for hypogonadism; and extensive periods of time off of work, on total temporary disability. An earlier note of July 26, 2013 is notable for comments that the applicant is walking with a front-wheeled walker. The applicant is walking less and living at home. It is stated that the applicant is having difficulty completing activities of daily living at home and therefore is requesting assistance to perform grocery shopping in the community and other activities of daily living at home. An epidural steroid injection is pending. The applicant is permanent stationary and has not returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request of home health services: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that home health services are not recommended when this is the only service being sought. In this case, the applicant is not receiving any other medical treatments such as wound care, IV fluid infusions, home-based physical therapy/home-based occupational therapy, etc. The assistance with activities of daily living such as shopping and house cleaning are specifically proscribed by page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. The request for home health services is not medically necessary and appropriate.