

Case Number:	CM13-0027123		
Date Assigned:	11/22/2013	Date of Injury:	10/07/1996
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 Psychiatry 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:

This case involves a 49 year old male who has dates of injury in 1993 and 1996. The patient has had symptoms including depression and hypoactive sexuality. The patient has been noted to have low testosterone from narcotic use. He injured his lower back while working in 1993. The patient has had spinal surgery and a spinal stimulator. He has been treated with Prilosec, Norco, Lipitor and Lisinopril. The issue at hand for this independent medical review is the medical necessity for home care assistance 24/7 (preferably a psych tech or LVN).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 27/7 (preferably a psych tech or LVN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: In this particular case, a clinician writes in the records provided that the patient was depressed, on potent medications. There is no documentation that the patient is housebound or that the patient needs recommended medical treatment, and homemaker services like shopping, cleaning, and laundry, and using the shower and lavatory. As such, according to

guidelines the home care is not medically necessary. In addition, the request for home health nursing care has no endpoint as worded for this request. Home health nursing care into perpetuity is not medically necessary.