

Case Number:	CM13-0028179		
Date Assigned:	11/22/2013	Date of Injury:	06/19/2009
Decision Date:	02/26/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 patient is a 66-year-old female with two dates of injury; 07/05/2006 and 06/19/2009. According to records, her initial injury occurred as she lifted a box of material to be shredded straining her low back. The second injury occurred during a motor vehicle accident when she injured her right knee and neck. She is treated primarily with [REDACTED] who is taking care of her medication needs and a basically directed her care. It is he who has requested we home health care. Since last seen [REDACTED] on 07/22/2013, the patient has decided to change primary treating physicians. She is not yet found a primary treating physician but has been seen by her pain management specialist, [REDACTED]. The patient last saw [REDACTED] on 10/25/2013. He assigned the following diagnoses: 1. Post laminectomy back pain syndrome with right leg radiculopathy, 2. History of left leg radiculopathy, 3. Herniated discogenic disease L3-4, L4-5, and L5-S1, 4. History of cervical radiculopathy and myofascial pain, and 5. Chronic pain syndrome associated with depression and mood disturbance including insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient caregiver, four (4) hours a day, five (5) days a week for three (3) months:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Home Health Services

Decision rationale: The medical record lacks documentation for the need of home health services to provide medical treatment. Recommended 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.