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| Case Number: | CM13-0028560 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 05/19/1999 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 09/17/2013 |
| 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.

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a lumbar support; multiple prior lumbar spine surgeries; adjuvant medications; attorney representation; and extensive periods of time off of work. In a utilization review report of September 17, 2013, the claims administrator denied a request for home care aid. The applicant later appealed. In a September 23, 2013 progress note, it is stated that the applicant has longstanding low back pain. The applicant is having difficulty doing everything owing to low back pain. He is home bound and needs helps in terms of home health services to facilitate bathing, getting in and out of bed, dressing himself, toileting, preparing and administering medications, repositioning, transferring, etc. Twelve hours of home health services weekly are sought. The applicant is ambulating with a cane, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide four (4) hours, three (3) times a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51.

Decision rationale: No, the proposed home health care aide at a rate of four hours a day, three times a week, is not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, the home health services being sought here, specifically bathing, assist with ambulating, assistance with activities of daily living, dressing, toileting, hygiene, personal care, etc., are specifically not covered. Therefore, the request is not certified, on independent medical review.