

Case Number:	CM13-0030580		
Date Assigned:	11/27/2013	Date of Injury:	12/16/1999
Decision Date:	02/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of December 16, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multilevel lumbar fusion surgery with subsequent removal of hardware; a walker; transfer of care to and from various providers in various specialties; and extensive periods of time off work. In a utilization review report of September 18, 2013, the claims administrator denied a request for a 20-hour a day attendant cares for a period of six months. The applicant's attorney subsequently appealed. No clinical progress notes were attached to the applicant for independent medical review or the request for authorization. However, the September 18, 2013 utilization review report does suggest that the home health attendant has been sought for assistance with ambulating, bathing, dressing, transferring, and cooking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) hour attendant care for 6 month period: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Neck and Upper Back Chapter, Shoulder Chapter, Low Back Chapter, and Pain Chapter, re: Home Health Services.

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

Decision rationale: No, the proposed 20-hour attendant care for six months is not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to provide otherwise recommended medical care in those applicants who are homebound or bedbound. Home health services which are not covered include the services apparently being sought by the attending provider, including the cooking, transferring, bathing, dressing, ambulating, etc., being sought here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.