MAXIMUS Federal Services

Case Number:	CM13-0035837		
Date Assigned:	12/13/2013	Date of Injury:	04/06/1995
Decision Date:	04/03/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine, and is licensed to practice in New York. 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 52 year old male with a date of injury on 04/06/1995. The mechanism of injury was not provided. He had lumbar spine surgery (fusion and laminiectomy) with instrumentation. He continues to have back pain. On 08/20/2013 the lumbar range of motion was decreased. Lower extremity motor strength was normal. There were sensory changes along L3- L5 dermatomes. Reflexes were normal. Gait was antalgic. The request for the home health aide was for "household tasks, medication administration and for transportation to and from physician visits." His medication included Norco, lidoderm patch, Robaxin, Nexium, Lyrica and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE, SIX (6) HOURS PER DAY, FIVE (5) DAYS PER WEEK BETWEEN 9/24/2013 AND 11/8/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-https://www.acoempracguides.org/Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders; and Low Back: Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Medicare Determination Manual

Decision rationale: The employee is ambulatory and has normal lower extremity muscle strength. Reflexes are normal. The employee's routine medications are oral or as a patch. MTUS ACOEM Chapter 12 Low Back Complaints and MTUS Chronic pain treatment do not mention the need for a home health aide as treatment for back pain. Also, the adminstration of oral and patch medications is not a skilled nursing service. The requested home health aide was not requested for custodial care - assistance with activities of daily living that can be provided by a non-trained individual - and there is no documented need for skilled nurisng level of care. Help with household chores like cleaning, shopping, food preparation and with transportation is not covered by any of the guidelines and is not a covered Medicare benefit.