

Case Number:	CM13-0052284		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2006
Decision Date:	05/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In an October 31, 2013 progress note, the applicant was placed off of work, on total temporary disability, and asked to employ Norco and tizanidine for chronic low back pain, elbow pain, and ankle pain. A home health aide was sought for assistance with household chores, cooking, and grocery shopping.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HOME HEALTH AIDE, FOUR DAYS A WEEK FOR 2 HOURS A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are not covered when assistance with activities of daily living, such as cooking, housekeeping, and household chore assistance being sought here, are being

sought as stand-alone services. In this case, the proposed housekeeping services, including cooking, grocery shopping, assistance with household chores, etc are, in fact, being sought as stand-alone services. These are not covered in this context, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.