

Case Number:	CM13-0064961		
Date Assigned:	01/03/2014	Date of Injury:	12/31/1981
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery 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 claimant is an 82-year-old female who injured her low back while lifting a stereo on December 31, 1981. The records document a previous history of L2 through S1 posterior spinal fusion. A July 30, 2013, reassessment of the lumbar spine demonstrated continued complaints of pain, with the claimant relying on a walker for mobility. A physical examination showed 5/5 motor strength of the lower extremities with no sensory deficit. Imaging reviewed on that date demonstrated segmental stenosis at L1-2. A revision surgical fusion was discussed but was noted as being "very risky," given the claimant's age and underlying co-morbidities. Without documentation of further findings, an authorization request dated October 17, 2013, recommends assistance for household duties three (3) hours per day for three (3) days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAILY ASSISTANCE AROUND THE HOUSE FOR MEDICAL NECESSITIES (3 DAYS A WEEK FOR 3 HRS DAILY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: The Chronic Pain Guidelines indicate that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than thirty-five (35) hours per week. 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. While the claimant reports back pain, the records do not indicate whether the claimant is homebound. The request does not meet guideline criteria. This request would not be supported as medically necessary.