MAXIMUS Federal Services

Case Number:	CM13-0066063		
Date Assigned:	01/03/2014	Date of Injury:	08/25/1998
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 is a represented [redacted] employee who has filed a claim for chronic neck pain, back pain, posttraumatic headaches, and memory loss reportedly associated with an industrial injury of August 25, 1996. 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; introduction of medications for memory loss; a cane; psychotropic medications; and extensive periods of time off work. In a utilization review report of November 18, 2013, the claims administrator denied an in-home care evaluation. The applicant's attorney subsequently appealed. A June 26, 2013, progress note is notable for comments that the applicant is having ongoing issues with neck pain, back pain, and memory loss. Prescriptions for Norco, Aricept, Flexeril, Ambien, Pamelor, Aciphex, and Motrin were endorsed. Imitrex was also endorsed for migraine headaches. It is stated that the applicant would benefit from epidural steroid injection therapy. On August 26, 2013, it was again stated that the applicant should receive medication refills. On August 4, 2013, it is stated that the applicant should have a stall shower installed in his home as he is having difficulty getting in and out of a tub. It is stated that the applicant needs a home health aide to assist him with bathing, standing, getting around the house, and doing household chores. It is stated that maintaining personal hygiene is critical. Therefore, a home health aide is sought for assistance with activities of daily living and to install a shower in his home

IMR ISSUES, DECISIONS AND RATIONALES

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

IN HOME CARE EVALUATION NECK AND HEAD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted by the attending provider, the in-home care evaluation is intended to facilitate delivery of nonmedical activities of daily living, such as bathing, cleaning, performance of activities of daily living, personal hygiene, household chores, etc.; such services are specifically not covered when this is the only care needed per the MTUS Chronic Pain Medical Treatment Guidelines. In this case, assistance with Activities of daily living (ADLs) appears to be the only care needed. Therefore, the request is not certified, on independent medical review.