

Case Number:	CM13-0066135		
Date Assigned:	01/03/2014	Date of Injury:	06/23/2000
Decision Date:	08/12/2014	UR Denial Date:	12/05/2013
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 has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 23, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and transfer of care to and from various providers in various specialties. In a progress note of December 5, 2013, the applicant was described as reporting persistent complaints of mid and low back pain status post lumbar laminectomy surgery. The applicant was using methadone and Percocet for pain relief. The applicant apparently recently divorced. The applicant felt that his former attorney had poorly represented him. The applicant was having difficulty performing household chores at home, including sweeping, mopping, and washing dishes. The applicant's house, as a result, was somewhat unkempt. In-home support for assistance with activities of daily living was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home health care assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In this case, the attending provider has stated that he is seeking the home health assistance for the purposes of assisting the applicant with housekeeping, cleaning his dishes, sweeping, and mopping his floor, and meal preparation. Such services are specifically not covered when they are the only services sought, per page 51 of the California MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for one (1) Home Health Care Assistant is not medically necessary.