

Case Number:	CM14-0002274		
Date Assigned:	06/11/2014	Date of Injury:	08/15/2011
Decision Date:	08/08/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Minnesota. 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 injured worker is a 30 year old female who reported an injury on 08/15/2011 from lifting boxes at work. The injured worker complained of continuous severe pain of the lower back and to both extremities. On physical examination on 12/13/2013, pain assessment was done, and VAS at 7/10. Medications included Norco, Zopharn, Prilosec, and Reglan. On the provider visit on 12/13/2013 the injured worker reported good pain control from the use of opioid pain medication, and increased physical activity, improvement in activity of daily living . The treatment plan was for home visit est patient. The injured worker's diagnoses include failed back syndrome, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac, and lumbar discogenic spine. The authorization form was submitted for review on 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME VISIT EST PATIENT: 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 request for home visit est patient is not medically necessary. The California Medical Treatment utilization Schedule, home health services are recommended only for otherwise medical treatment for patients who are home bound, on a part-time or intermittent basis generally up to no more than 35 hours per week. This medical service does not include homemaker services like shopping, cleaning, laundry, or personal care given by a home health aide like bathing dressing and using the bathroom when this is the only care needed. On the provider visit on 12/13/2013 it was documented subjectively that the injured worker was having continuous severe pain to back and both extremities on the same visit with her provider the injured reported good pain control with the use of opioid medication, her physical activity had increased, and an improvement with her activity of daily living. Furthermore the request does not include frequency for the proposed home visit The request for Home visit EST is not medically necessary.