

Case Number:	CM14-0003546		
Date Assigned:	08/22/2014	Date of Injury:	06/28/1991
Decision Date:	10/01/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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 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 records presented for review indicate that this 55 year-old female was reportedly injured on June 28, 1991. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 6, 2013, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a well-developed, well-nourished individual with no reported distress. Electrodiagnostic studies of the lower extremities were noted to be within normal limits. The lumbar MRI noted a fusion at L4-L5 and there was a lateral process analysis noted. Previous treatment includes lumbar fusion surgery, postoperative rehabilitation, multiple medications and pain management interventions. A request had been made for home health and was not certified in the pre-authorization process on January 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ACOEM Second Edition; Official Disability Guidelines /Integrated Treatment Guidelines (Treatment in Workers Compensation) 2nd Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

Decision rationale: As noted in the MTUS, home health services are recommended for those who require medical treatment and are homebound. The progress note reviewed indicated that the injured worker was completing a home exercise program. Furthermore, the MRI noted general changes and the elected diagnostic study was a normal limits. There is no indication for the need for home health services or a home health aide. Please note that medical treatment does not include homemaker services like shopping, cleaning and laundry. Therefore, based on the clinical information presented for review there is no medical necessity for this request.