

Case Number:	CM14-0014271		
Date Assigned:	02/26/2014	Date of Injury:	09/10/2012
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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 note this 60-year-old male was injured on September, 2012. The mechanism of injury is a repetitive lifting event resulting in a multiple level cervical fusion procedure. The request for home a health aide was not certified in the preauthorization process. The January 7, 2014 progress note indicates pain with radiation into the bilateral upper extremities. Imaging studies noted multiple level disc lesions which led to a surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 8 HOURS A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9.

Decision rationale: The criteria for a home health service is for individuals who are otherwise homebound requiring significant clinical care. When noting the injury sustained, the treatment rendered, the age of the injured worker and that there is no indication that he cannot dispute in

his own care there is insufficient clinical evidence presented to support this request under the Chronic Pain Medical Treatment Guidelines.