

Case Number:	CM14-0110736		
Date Assigned:	08/01/2014	Date of Injury:	04/22/2003
Decision Date:	10/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 and low back pain reportedly associated with an industrial injury of April 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and an earlier lumbar spine surgery, per the claims administrator. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a request for a home health aide. It was stated that the applicant had also undergone a cervical fusion surgery on January 8, 2013. The applicant's attorney subsequently appealed. In a handwritten June 3, 2014 progress note, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain, neck pain, anxiety, depression, and difficulty concentrating. The applicant needed assistance performing activities at home, it was noted. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant was asked to discontinue Gabapentin. In an April 15, 2014 progress note, the applicant reported persistent complaints of low back pain, headaches, neck pain, shoulder pain, elbow pain, wrist pain, anxiety, and depression. The applicant stated that she could only drive seldomly and could not cook of her accord.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide services, 5 hours a day, 3 days a week for 8 weeks: 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 Treatment Guidelines, , Home Health Services topic. Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are home bound. In this case, there is no evidence that the applicant is home bound. The applicant is described as driving about, admittedly seldomly. It was further noted that home health services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, do not include assistance with activities of daily living when this is the only care being sought. In this case, all information on file points to the attending provider's seeking home health services solely for the purposes of delivering aid with activities of daily living, including cooking, cleaning, etc. This is not a covered service in the context present here, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.