MAXIMUS Federal Services

Case Number:	CM14-0126768		
Date Assigned:	08/13/2014	Date of Injury:	07/26/2002
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 54-year-old male with a reported date of injury on 07/26/2002. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar degeneration, major depression, sacrum disorders, and lumbar region sprain/strain. His previous treatments were noted to include epidural steroid injection, failed Intrathecal pump trial, medications, and physical therapy. The progress note dated 07/17/2014 revealed complaints of the decrease in ability to function in regard to performance of activities of daily living at home. The injured worker complained of difficulty performing activities such as dishes, laundry, cooking and cleaning. The injured worker had not been able to take care of his yard and had been paying a gardener. The injured worker felt that he required a home health aide. The injured worker indicated he would like to work out performing swimming and he worked out several times a week until he had to quit the gym. The main issue was his low back pain on a daily basis that was made worse with prolonged standing and walking. The injured worker complained of pain to his bilateral lower extremities and persistent numbness and dysesthesia at the base of the feet bilaterally. The physical examination of the lumbar spine revealed deep tendon reflexes symmetric bilaterally by patella and Achilles. The lumbar spine had a decreased range of motion with intact sensation and a negative straight leg raise. There was spasm and guarding noted to the lumbar spine. The progress note dated 08/11/2014 revealed the injured worker complained of chronic low back pain and that he was unable to perform activities of daily living. The physical examination revealed a decreased range of motion with intact sensation and a negative straight leg raise. The provider indicated the injured worker had ongoing low back pain on a daily basis with persistent numbness and dysesthesia at base of the foot bilaterally. The provider indicated that he had lower back pain with radiation to the lower extremities. The injured worker indicated the pain was 10/10 and made worse with lifting

greater than 10 pounds or 5 pounds repetitively. The injured worker felt that he needed a home health aide to assist him with his activities of daily living. The Request for Authorization form was not submitted within the medical records. The request was for a home health aide assessment to determine if the injured worker requires home health services. The injured worker does have a decrease in function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health aid assessment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Home Health services.

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

Decision rationale: The request for Home Health aid assessment is not medically necessary. The injured worker is able to ambulate with an antalgic gait and has decreased function in regard to activities of daily living. The California Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part time or 'intermittent' basis, generally no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation provided did not indicate home medical treatment needed for the injured worker, or that he was homebound on a part time or intermittent basis. The injured worker had difficulty with his activities of daily living, however the guidelines do not recommend home health aide services when this is the only care needed. Therefore, the request is not medically necessary.