

Case Number:	CM14-0132772		
Date Assigned:	08/25/2014	Date of Injury:	02/14/1999
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and earlier lumbar laminectomy. In a Utilization Review Report dated June 13, 2014, the claims administrator denied a request for a home care assistant. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, the applicant reported persistent complaints of low back pain, 6/10. The applicant was avoiding going to work, socializing, performing household chores, and/or interacting with friends or family members secondary to pain. The applicant's pain was aggravated by a variety of activities, including lifting, bending, pushing, pulling, etc. A forearm crutch, Avinza, Cymbalta, and a home health aide were sought. It was not explicitly stated for what purpose the home health assistant was being endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care assistance 9.5 hours per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain 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 treatments to applicants who are homebound. In this case, there is no evidence that the applicant is homebound. It is further noted that the attending provider has not explicitly stated what home health services are being sought here. Based on the information on file, it appears that the home health assistant is being sought for the purposes of helping the applicant perform household chores, which the applicant was reportedly unable to perform secondary to pain. Such services, however, are not covered when sought as stand-alone services; it is suggested on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, Home Care assistance 9.5 hours per week is not medically necessary.