

Case Number:	CM14-0146369		
Date Assigned:	09/12/2014	Date of Injury:	09/18/2006
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation 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 63 year old female with a date of injury on September 18, 2006. As per the report of July 14, 2014, she complained of increased low back pain and no change in distribution. The pain score was 10/10 without medications and 7/10 with medications, which allows her to take care of herself, walk, and complete some of her activities of daily living. Examination of the LS-spine revealed time to peak at L4-5 and paraspinal muscles. She walked with single-point adult walking cane. She had antalgic gait and weakness. Posture was abnormal, decompensated in the sagittal plane. Strength was decreased in the right upper extremity and right lower extremity. Clonus was absent. Examination of the upper extremity and lower extremity revealed hyperalgesia and allodynia noted with erythema. Urine drug screen was positive for opiates on July 15, 2014. She had a lumbar spinal cord stimulation revision in November 2012 with a Boston Scientific Implantable Pulse Generator device. She underwent Lumbar Sympathetic Block L3, right under fluoroscopy and lumbar epidural steroid injection under fluoroscopy. She also underwent right stellate ganglion block surgery on May 21, 2014. Current medications include Fentanyl, Norco, Klonopin, and Cymbalta. Past treatments include conservative treatment including medications; interventional care including 2 epidural injections and lumbar sympathetic blocks with several weeks of relief. She reported greater than 50% pain relief for several weeks from her last stellate ganglion block on May 21, 2014. She also reported good pain relief with Fentanyl. Previous request for in-home aid was denied on May 20, 2014. Diagnoses include pain in ankle and foot, lower leg, pelvic region and thigh, hand, forearm, upper arm, shoulder region and reflex sympathetic dystrophy of the lower limb and upper limb. The request is for in-home aid 4 hours a day for 4 days a week. It was denied on August 22,

IMR ISSUES, DECISIONS AND RATIONALES

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

In home aid 4 hours a day for 4 days a 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 Page(s): 51.

Decision rationale: Per the California Medical Treatment Utilization Schedule guidelines, home health services are recommended only for injured workers who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only case needed. The medical records do not establish appropriateness in this injured worker, as she is ambulatory using an assistive device; thus, the request is not considered medically necessary.