

Case Number:	CM14-0020474		
Date Assigned:	04/30/2014	Date of Injury:	01/23/2010
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry, and is licensed to practice in California and Texas. 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 51 year old female whose diagnosis is major depressive disorder, single episode severe. Her date of injury is 01/21/2010. She suffered a slip and fall injury on ice, landing on her back and hitting her head on the ground. She experienced lower back pain but worse pain in her head. She subsequently developed numbness bilaterally in her legs with difficulty moving and severe pain. The patient then developed neck and back pain with radiation bilaterally to the shoulders and arms, and was diagnosed with neuropathy. She received injections to the cervical and lumbar spine, chiropractic treatment, and medications. She underwent physical therapy, received group and individual therapy, medications, and has learned relaxation and breathing exercises in therapy, with which she is compliant. [REDACTED], MD performed an AME comprehensive medical-legal psychiatric evaluation on 06/25/13. The patient reported worsening depression due to worsening pain. She felt fearful, depressed, hopeless, and a burden to others. She had thoughts of taking her medication as a suicide attempt. She reported decreased sleep, irritability, and difficulty concentrating. She was hospitalized in March 2013 after making a cut on her wrist (severity not described), since then she had not been alone. She reportedly had been hearing voices telling her to hurt herself, which led to the hospitalization. At the time of this AME the patient was living with her daughter, who did not want to leave her alone. Hamilton Depression rating = 33 (severe), Hamilton anxiety rating = 29 (severe). Home healthcare was recommended due to worsening depressive disorder. On 10/09/13 an AME was performed by [REDACTED], MD (orthopedic surgery). The patient had complaints in the neck, right upper extremity, and in the upper and lower back with radiation to both lower extremities. She limited activities to prevent worsening pain, but performed self hygiene. Electrical studies showed no radiculopathy. [REDACTED] opined that the patient would

require assistance for activities such as housekeeping but did not feel that she was totally dependent in the area of daily activities, e.g. hygiene etc. In a PR2 of 03/24/14 [REDACTED], PhD reported that the patient felt less anxious however continued to feel depressed due to pain. She continued to be compliant with therapy in the office and with relaxation and breathing exercises she had learned in therapy, which were beneficial. [REDACTED] felt that there was a slight improvement in her overall condition. Most recent report of medications included Lyrica, Senokot, Nexium, Gaviscon, Klonopin, Ambien, Zolof, Ativan, Wellbutrin, and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 24/7 ASSISTANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

Decision rationale: In a PR-2 of 03/24/14 [REDACTED] noted that there was slight improvement in the patient's overall condition, and that she continued to be compliant with therapy, relaxation and breathing exercises she had learned and which were beneficial. In [REDACTED] AME of 10/09/13, he does not feel that she is totally dependent for basic activities and would only require assistance for household activities such as cleaning etc. There is no recent evidence provided to suggest that this patient is homebound for 35 hours or less per week, or that she would require anything other than homemaker services. As such she does not meet CA-MTUS guidelines for home health services, and it is recommended that this request is non certified. CA-MTUS 2009: Recommended only for otherwise recommended medical treatment for patients 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004).