

Case Number:	CM14-0020645		
Date Assigned:	04/30/2014	Date of Injury:	09/09/1999
Decision Date:	08/13/2014	UR Denial Date:	01/24/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is reported to have sustained a work-related injury with date of injury of 09/09/99 due to repetitive bending and lifting of equipment while working as a fitness trainer. He was diagnosed with inguinal hernias and underwent hernia repair. He has been treated for a lumbar degenerative disc disease with multilevel positive discogram testing. He is being treated for diagnoses included including chronic pain, chronic headaches, anxiety, depression, insomnia, hypertension, GERD, irritable bowel syndrome, dyslipidemia, and obesity. He has not returned to work since November 1999. Treatments have included multiple medications, physical therapy including aquatic therapy, and psychotherapy. On 12/06/13 he was able to manage medium to light weights. Low back pain was causing 90% of his symptoms. Physical examination findings included pitting lower extremity edema and there was low back and right-sided sacroiliac joint pain with mild lumbar paraspinal muscle spasms and mild to moderate guarding. There was decreased lumbar range of motion. Straight leg raising on the right side produced buttock pain without radiating leg pain. There was normal strength and reflexes. There was numbness over the left foot. He was seen by the requesting provider on 01/31/14. He had been seen earlier that day for sleep apnea. Another sleep study was pending and there was a pending cardiology evaluation. The claimant remained worried about his health. His condition was relatively stable. Medications were being tolerated well. He was having difficulty sleeping. He had ongoing pain, anxiety, and depression. He was having ongoing left lower extremity edema and symptoms of GERD. Physical examination findings included a height of 5 feet, 8 inches and weight 202 pounds which corresponds to a BMI of 30.7 and a diagnosis of obesity. There was slight epigastric tenderness. Medications were continued. Recommendations included progression of physical activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NON-SKILLED PERSONAL CARE ASSISTANCE, (17) HOURS PER MONTH FOR ADL (HEAD): 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 Medical vs. Self-Management Model, p 5 Page(s): 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant is being treated for chronic pain with a remote history of a work injury occurring nearly 15 years ago. Based on the information provided he lives alone and has no motor deficits. There is no identified physical restriction of performance of his activities of daily living. His treating provider recommends increase physical activity. Guidelines recommend self-management when treating chronic pain and the expectation is that of decreased reliance on medical care. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform these treatments without assistance. Therefore, the request for non-skilled personal care assistance, (17) hours per month for adl (head) is not medically necessary.