MAXIMUS Federal Services

Case Number:	CM14-0022324		
Date Assigned:	02/26/2014	Date of Injury:	04/21/2010
Decision Date:	06/27/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 52-year-old male whose date of injury is 04/21/2010. On this date, he tripped on a pipe and fell. The injured worker is status post L5-S1 fusion on 08/03/11. Radiographic report of the lumbar spine dated 01/10/14 revealed internal fixation across L5 and S1 is present with a prosthetic disc in place. Progress report dated 02/07/14 indicates that the injured worker complains of neck pain, low back pain and left wrist pain. Diagnoses are status post L5-S1 fusion and bilateral lower extremity radicular pain. The injured worker has been authorized for L5-S1 decompression and removal of interspinous spacer with exploration of fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE/HOME EVALUATION: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for home health aide/home evaluation is not recommended as medically necessary. CA MTUS guidelines support

home health services for injured workers who are homebound on a part-time or intermittent basis. The submitted records fail to establish that the injured worker is homebound on a part-time or intermittent basis. The medical treatment to be provided is not documented. There is no current, detailed physical examination submitted for review.