

Case Number:	CM14-0024259		
Date Assigned:	04/11/2014	Date of Injury:	12/01/2001
Decision Date:	06/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 who reported an injury to her lower back on 12/01/2001 due to unknown mechanism. The clinical note dated 01/13/2014 indicated diagnoses of chronic low back pack due to degenerative lumbar spondylosis, chronic low back pain due to myofascial pain syndrome, pain disorder with psychological /general medical condition and insomnia due to persistant chronic pain. The injured worker reported lack of energy, sleep quality was fair. The RN note dated 01/02/2014, the injured worker reported constant pain rated at 7/10. The RN reported the caregiver assisted the injured worker with activites of daily living such as dressing, running errands, and househould, chores. The medication regimen included methadone, norco, cymbalta, trazodnone, clonazepam, celebrex, lyrica and senekot-s. The request for authorization was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RN EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institue For Health and Care Excellence. Falls: Assessment And Prevention Of Falls In Older People. London (Uk): National Institute For Health And Care Excellence (Nice); 2013 Jun. 33 P. (Clinical Guideline; No. 161).

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

Decision rationale: The request for 1 RN evaluation is not medically necessary. The injured worker diagnose is diagnoses of chronic low back pack due to degenerative lumbar spondylosis, chronic low back pain due to myofascial pain syndrome, pain disorder with psychological /general medical condition and insomnia due to persistent chronic pain. California Medical Treatment Utilization Schedule states that home health services are 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. There is lack of evidence of the injured worker being homebound or attending any type of rehabilitation program such as physical therapy. In addition, homemaker services like shopping, dressing is not included in medical treatment. Therefore, the request for 1 RN evaluation is not medically necessary.