

Case Number:	CM14-0028864		
Date Assigned:	06/16/2014	Date of Injury:	04/16/2001
Decision Date:	09/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 59-year-old male who was injured on April 16, 2001. The patient continued to experience pain in his lower back with neuropathic leg pain and weakness. Physical examination was notable for moderate tenderness and paraspinal tenderness of the lumbar spine and weakness of the left EHL and TA. Diagnoses included gait instability from spinal nerve injury, status post thoracic and lumbar fractures with radiculopathy, and chronic pain syndrome. Treatment included medications, surgery, brace for left leg, and spinal cord stimulator. Request for authorization for Home health aide for 4 hrs daily/5 days weekly for 8 weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4HRS/DAY , 5DAYS/ A WEEK FOR 8 WEEKS: RN RE-EVALUATION TO BE DONE PRIOR TO THE END OF CARE TO EVALUATE IN HOME NEEDS: 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 Pain Interventions Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. In this case the request for the home health aide is to assist with the activities of daily living. There is no documentation of medical need for home health services. Medical necessity is not supported by the documentation. The request is not medically necessary and appropriate.