

Case Number:	CM14-0042332		
Date Assigned:	06/30/2014	Date of Injury:	08/19/2013
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine, 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:

This 51-year-old female with a 8/19/13 date of injury. The mechanism of injury was a fall off a chair. On 2/21/14 the patient reported 9/10 back pain. She states I'm still in pretty bad shape. She states that the medication does not work at all for her, and that they cause sedation and heartburn, which has made her unable to do her housework or laundry. Objective exam: documentation of decreased lumbar ROM. The plan of care is for a lumbar ESI. Diagnostic Impression: Low Back Pain, Degenerative Disc Disease, Radiculitis, Insomnia. Treatment to date includes: medication management, physical therapy, acupuncture treatment, epidural steroid injections, chiropractic treatment and pain management. A UR decision dated 3/14/14 denied the request for a home health aid due to the fact that the justification is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid x3 months for activities of daily living (ADL's): 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 Home Health Services Page(s): 51.

Decision rationale: CA MTUS 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. However, there is no clear rationale provided as to why this patient needs home health care. It is noted that the patient's current medication causes her to feel sedated and have heartburn, which makes it difficult for her to perform housework or laundry. However, the guidelines do not support the use of home health cares for non-medical reasons such as cleaning, laundry, and personal care. Therefore, the request for Home Health Aid For 3 months for activities of daily living (ADLs) was not medically necessary.