MAXIMUS Federal Services

Case Number:	CM14-0048818		
Date Assigned:	06/25/2014	Date of Injury:	07/25/1997
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation has a subspecialty in Pain 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 is a 63-year-old female patient with a remote date of injury on 07/25/1997. Diagnosis is chronic pain. A request for one home health aide assistant at 15 hours per week for lumbar spine disorder as an outpatient between 2/27/2014 and 4/13/2014 was non-certified as a utilization review on 03/03/14, noting that prior progress report indicated the patient made overall improvement and medications help with ability to perform ADLs. Guidelines do not support home health services unless the patient is homebound and medical treatment does not include home health aide services like shopping, cleaning, laundry and personal care. The patient did not have any obvious findings on objective exam and additional documentation requested home health for home care needs including kitchen, laundry, and bathroom. Progress report dated 02/14/14 is handwritten and limited in legibility. It was noted patient has made overall improvement with ADLs and the medications have helped. Current medications were listed as Butte trans-5 g/hour every 7 days, levothyroxine, lisinopril, hydrochlorothiazide, metformin, zolpidem, tramadol 50 mg 1 tablet every 6-8 hours as needed for pain, Percocet 10/325 mg 2 daily, and there are 2 other medications that are partially crossed out. Physical examination noted the patient to be a little depressed appearing. Coordination was grossly normal. A detailed musculoskeletal examination was not performed. It was noted the patient needs 15 hours per week for help in the kitchen, laundry, bathroom, purchasing and personal assistance help. There is a regular urine drug screen report dated 07/12/13 indicating an inconsistent urine drug screen, testing negative for prescribed zolpidem. Urine drug screen performed on 04/18/13 was also inconsistent, testing negative for benzodiazepines and it was noted the patient is prescribed alprazolam. Previous conservative treatment was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide assistance @ 15 hours per week for lumbar spine disorder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: California MTUS notes that home health services for personal care and homemaker services are not considered medical treatment. Home health care (HHC) is for medical care only. 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. The documentation in this case does not indicate that medical treatment is needed in the home setting. There is no indication that the patient is bedridden or is non-ambulatory. The treating physician indicates the patient needs 15 hours per week of home health assistance for help in the kitchen, laundry, and bathroom. This is specifically excluded as a covered service per CA MTUS guidelines. Therefore, home health aide assistance at 15 hours per week for lumbar spine disorder as an outpatient is not medically necessary.