

Case Number:	CM14-0048877		
Date Assigned:	09/10/2014	Date of Injury:	04/14/2006
Decision Date:	10/16/2014	UR Denial Date:	03/18/2014
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 Orthopedic Surgery and is licensed to practice in Texas. 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 58 year old male whose date of injury is April 14, 2006. The mechanism of injury is not described. The injured worker is noted to be status post T6-8 fusion and L4-S1 fusion. Office visit note dated 04/07/14 indicates that the injured worker has been treated with epidural steroid injections and medication management. He complains of neck, upper, mid and low back pain and headaches. The injured worker has undergone a detox program for Dilaudid. Diagnoses are strain/sprain cervical spine, status post ACDF(Anterior Cervical Decompression and Fusion), status post T6-8 fusion, status post hemilaminectomy L4-5 with discectomy in 1996, status post lumbar anterior corpectomy L4-5 and L5-S1 in 1998, status post exploration of lumbar fusion in 1999. The injured worker is noted to be at maximum medical improvement. The injured worker has had prior home health care for medication management, general activities and cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hours a day, 5 days a week for 60 days: 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: The submitted records fail to establish that this injured worker is homebound on a part time or intermittent basis as required by CA MTUS guidelines for home health services. CA MTUS guidelines support home health services for injured workers who are homebound on a part time or intermittent basis for otherwise recommended medical treatment. The submitted records fail to document what medical treatment would be provided. Based on the clinical information provided, the request for home health aide 4 hours a day, 5 days a week for 60 days is not recommended as medically necessary.