

Case Number:	CM14-0049605		
Date Assigned:	07/07/2014	Date of Injury:	01/25/2001
Decision Date:	12/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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:

Injured worker is a female with date of injury 1/25/2001. Per primary treating physician's progress report dated 1/3/2014, the injured worker complains of persistent low back pain which is severe and neck pain radiating to her upper extremities. On examination of the lumbar spine, there is tenderness about the lower lumbar paravertebral musculature. Forward flexion is to 60 degrees, extension is 10 degrees, and lateral bending to 30 degrees. There is negative sitting straight leg raise bilaterally. Strength in the lower extremities is globally intact. Diagnosis is grade 1 spondylolisthesis, L4-5 with stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 3 hours a day/7 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014 online-Treatment of low back conditions-home health services

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or

"intermittent" basis. 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 requesting physician explains that the injured worker requires continued home health care assistance. The nature of these visits is not explained. There is no indication that the injured worker is receiving daily medical treatments that require home health assistance. Pain management notes indicate that the injured worker's husband assists with ADLs. He does the laundry, cooks and cleans approximately 3-4 hours a day in addition to working. The injured worker drives to medical appointments, avoiding taking her medication prior to driving. Pain management recommends home care 3-4 hours a day, 7 days a week, to perform the tasks that the injured worker's husband is currently performing. This request is for homemaker services and not for medical treatment, and is therefore not recommended by the MTUS Guidelines. The request for Home health care assistance 3 hours a day/7 days a week is determined to not be medically necessary.