

Case Number:	CM14-0056756		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2004
Decision Date:	08/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/28/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 11/18/2004. The mechanism of injury was not provided. On 02/18/2014, the injured worker presented with low back pain. Upon examination, there was a positive straight leg raise test bilaterally, restricted range of motion due to pain, spinous process tenderness noted to the L2 and L4. The diagnoses were disc disorder of the lumbar, lumbar radiculopathy, spinal stenosis of the lumbar, and spinal lumbar degenerative disc disease. The patient's treatment included medications. The provider recommended home aide 4 hours a day 3 times a week for 2 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home aide 4 hours a day, 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS recommend home health services for medical treatment for injured workers who are homebound on a part-time or intermittent basis, generally up to more than 35 hours a week. The 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 restroom, when this is the only care needed. The included medical documentation does not address if the injured worker is homebound on a part time or intermittent basis. The provider's request for home aide does not specify if medical treatment would be needed. As the guidelines do not recommend home health services or homemaker services, and there is no indication of medical treatment needed, a home aide would not be warranted. As such, the request is not medically necessary.