MAXIMUS Federal Services

Case Number:	CM14-0081807		
Date Assigned:	07/18/2014	Date of Injury:	07/01/1992
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 50-year-old female who reported an injury on 07/01/1992. The mechanism of injury was not provided. On 07/10/2014, the injured worker presented with persistent pain at an average pain level of 4/10. The diagnoses were chronic low back pain. An MRI of the lumbar spine dated 12/11/2012 revealed L4-5 bilateral extraforaminal herniated disc with left L4 nerve root involvement, and an MRI from 12/14/2013 reported right sided eccentric disc bulge at L4-5 and moderate narrowing of the neuroforamen and right eccentric disc protrusion at L3-4. Upon examination, the injured worker was alert and oriented and was conversing normally. There was reduced range of motion to the right shoulder with pain and tenderness to palpation to the right side of the neck. She had a wide base with steady gait and was stable but walking very slowly. Her treatment included medications. The provider recommended home health care 3 hours a day for 4 days per week for 6 months; 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 Health Care 3 hours per day, 4 days per week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability

Guidelines:Low Back Chapter- Home health services CMS, 2004 Medicare coverage of Home Health Care http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page(s) 51 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 for generally no more than 35 hours a week. 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. There is a lack of evidence on if the injured worker is homebound on a part time or intermittent basis. The medical treatment that is being requested for the home health service was not provided in the request as submitted. As such, Home Health Care 3 hours per day, 4 days per week for 6 months is not medically necessary.