

Case Number:	CM14-0083485		
Date Assigned:	07/21/2014	Date of Injury:	02/28/2002
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 Nevada. 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 records presented for review indicate that this 58-year-old female was reportedly injured on February 28, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain as well as neuropathic pain in the distal upper and lower extremities. Current medications include Norco, Ambien, Neurontin, Zanaflex, Xanax, Prilosec, Lidoderm patches, Wellbutrin, Effexor, and Uroxatral. The injured employee states she has a 40% improvement with symptoms with medications and notes good functional improvement. The injured employee states that she is able to resume her activities of daily living, ambulation, and participate in light household chores including cooking. The physical examination demonstrated tenderness along the thoracic spine and muscle spasms of the thoracolumbar junction. There was a positive left-sided straight leg raise test at 50 . Decreased sensation was noted at the left L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed on this date. Previous treatment includes a lumbar spine fusion of L4-L5 and L5 - S1 as well as postoperative physical therapy and the use of an intrathecal pain pump. A request had been made for home health assistance and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance (undocumented number of hours and days of week): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

Decision rationale: It is unclear from this request for home health assistance is indicated for medical care or to assist in activities of daily living. However the California chronic pain medical treatment guidelines state that the criteria for home health services includes that the individual be homebound on at least an intermittent or part-time basis. Furthermore home health services do not include home health aide services such as assistance with bathing, dressing, and using the bathroom. According to the attached medical record the injured employee states she is able to participate in activities of daily living, to include housework and cooking. Furthermore there is no documentation that the injured employees homebound. For these multiple reasons this request for home health services is not medically necessary.