

Case Number:	CM14-0085326		
Date Assigned:	07/23/2014	Date of Injury:	07/19/2008
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 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:

The injured worker is a 41-year-old female who reported an injury on 07/19/2008 reportedly when an angry customer took a box of 3 DVRs and threw at her. She sustained injuries to her neck and low back. The injured worker's treatment history included medications, injections, aquatic therapy sessions, x-rays, and surgery. The injured worker was evaluated on 05/29/2014, and it was documented that the injured worker had significant pain on the right side. The provider noted she was trying to attempt walking with a walker however, she felt increased pain due to using the walker and putting pressure on her right hand. She had been denied additional childcare as well as driving retrofit. Physical examination revealed her motor examination was unchanged with noted weakness on the right EHL and tibialis anterior. The left appeared to be intact. There was positive pain on the area of the SI sacroiliac joint region. Diagnoses included chronic pain and radiating right leg pain, status post L5-S1 right hemilaminectomy/discectomy, chronic neck and radiating right arm pain, status post C6-7 anterior cervical discectomy and fusion, rule out pseudo arthritis, cervical spine, and 5 intubations for asthma. Medications included levothyroxine 112 mcg, Wellbutrin XL 150 mg, Ondansetron 4 mg, Gabapentin 600 mg, Advair 500/50, albuterol, hydromorphone 2 mg, Zanaflex 6 mg, omeprazole 20 mg, OxyContin 20 mg, and Valium 10 mg. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care for help with chores and care of kids, related to the lower back injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/CervicalandThoracicSpine>; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per 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 bathroom when this is the only care needed. The request failed to indicate frequency and duration of home care visits. The documents provided on 05/29/2014 lack documentation of the injured worker being homebound, on a part-time or intermittent basis. In addition, there was no rationale given why the injured worker is requesting for Home Health Care. Given the above, the request for home health care for help with chores and care of the kids related to the lower back injury is not medically necessary.