

Case Number:	CM14-0097297		
Date Assigned:	07/28/2014	Date of Injury:	05/14/1998
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family 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:

This injured worker's date of injury is 05/14/1998. Medical records covering the original injury were no made available for this review. This patient receives medical care for chronic low back pain which radiates down the legs and chronic neck pain that radiates down to the fingers. The patient reports daily headaches. The patient receives treatment for major depression. The patient was treated with surgery twice, lumbar L3- L5 fusion and a cervical C5 - C7 anterior fusion. In the note regarding the clinical exam dated 02/10/2014, the treating physician's physical exam reveals low back muscle spasm and SLR positive on the right leg. The patient takes a number of medications for chronic pain including: Cymbalta, Depakote, Neurontin, Norco, Lyrica, and Norflex. This review is for Home Health Services.

IMR ISSUES, DECISIONS AND RATIONALES

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

216 hours of Home Health Care: Upheld

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

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, Home health care services may be medically indicated for patients who are homebound. Homemaker services and personal care are not included. There is no information in the documentation submitted for review to suggest that this patient is homebound; therefore per the guidelines above, home health care services are not medically indicated. The request for 216 hours of Home Health Care is not medically necessary.