

Case Number:	CM14-0190530		
Date Assigned:	11/24/2014	Date of Injury:	03/27/2009
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational 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 individual is a 56 y/o female who developed persistent low back problems subsequent to an injury date of 3/27/09. On 2/5/14 she underwent an L3-S1 interbody fusion. In the past she has had mid spine stabilization for scoliosis. Follow up radiography has revealed successful fusion and no ongoing myelopathic stenosis. She continues to have low back pain reported at VAS 6-7/10. No neurologic loss is documented, but she is reported to utilize a walker with a bent forward gait. She also has cervical and shoulder pain that is not considered to be associated with this claim. Oral analgesics include Oxycodone and Oxycontin. She has had home care aid for the past several months and an extension of home health care 40 hours per week for 6 weeks was requested on 11/14/14. There are no reported improvements in her functioning over the past 4 months. There is no reported need for skilled nursing services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Home Health Care 8hours/5days x 6wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Home Health Services

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

Decision rationale: MTUS Guidelines state that to be considered home health services there has to be a need for ongoing skilled medical services. No such a need is documented. There may be a reasonable need for homemaker services like shopping, cooking and heavy cleaning, but that is not what was requested. In addition, the need for 8 hours a day of homemaker assistance is not clearly documented and does not appear self-evident. The request for 40 hours a week of home health services is not consistent with Guidelines and is not medically necessary.