

Case Number:	CM14-0196747		
Date Assigned:	12/04/2014	Date of Injury:	05/22/2006
Decision Date:	01/22/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, sleep disturbance, and mood disturbance reportedly associated with an industrial injury of May 22, 2006. In a utilization review report dated November 24, 2014, the claims administrator failed to approve a request for home health assistance while approving Topamax and Percocet. The claims administrator stated that the original request was ambiguous. The claims administrator stated that its decision was based on a November 6, 2014 RFA form. The claims administrator stated that the attending provider was seeking authorization for homemaker services which were not covered. The applicant's attorney subsequently appealed. On November 7, 2014, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of neck, low back, and myofascial pain syndrome. The applicant also had issues with complex regional pain syndrome, it was further noted. The applicant was asked to try Percocet, discontinue Sonata, employ Lunesta, and continue Cymbalta. Consultations with a CRPS specialist and a psychiatrist were endorsed, while the applicant was kept off work. On November 6, 2014, the attending provider sought authorization for home health assistance in terms of housekeeping and cooking activities, three times a week, 4 hours a day. Topamax, Percocet, Cymbalta, and Lunesta were endorsed, while the applicant was placed off work, on total temporary disability. Lyrica was discontinued. A urine drug testing was performed. The applicant reported multifocal complaints of neck pain, arm pain, and complex regional pain syndrome with derivative complaints of psychological stress, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance 4 hours a day x 3 days a week x unknown quantity: 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 Topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical care for applicants who are homebound. Homemaker services such as the housecleaning and cooking being sought here, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, do not represent medical treatment and are not covered when sought as stand-alone services. The request, thus, as written, is at odds at page 51 of the MTUS Chronic Pain Medical Treatment Guidelines as the attending provider is seemingly seeking authorization for homemaker services/housekeeping services without concomitant provision of any associated medical services or medical treatment. Therefore, the request is not medically necessary.