

Case Number:	CM14-0200799		
Date Assigned:	12/11/2014	Date of Injury:	02/19/2013
Decision Date:	02/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 19, 2013. In a Utilization Review Report dated November 17, 2014, claims administrator denied a request for a home health aide. The claims administrator referenced an RFA form of November 11, 2014 and a progress note of July 10, 2014 in its determination. The claims administrator referenced an outdated version of the non-MTUS ODG Low Back Chapter in its denial, despite the fact that the MTUS address the topic. The claims administrator suggested that the applicant had received a lumbar fusion surgery and was being discharged on November 12, 2014. The claims administrator contended that the home health services were intended for the purposes of assistance in terms of activities of daily living. The applicant's attorney subsequently appealed. On October 3, 2014, the applicant reported persistent complaints of low back pain radiating into the left leg, 6-7/10. The applicant was using a cane to move about. The applicant was pending authorization for aquatic therapy. The applicant was given a primary diagnosis of lumbar radiculopathy. Viagra was endorsed. The applicant was placed off of work, on total temporary disability. The remainder of the file was surveyed. The November 11, 2014 RFA form and progress note in which the home health services were sought were not seemingly incorporated into the Independent Medical Review packet. The most recent progress note in the claims administrator's medical records log sheet was seemingly dated October 28, 2014. On October 24, 2014, the applicant consulted an internist, who felt that the applicant should begin usage of metformin for newly-diagnosed diabetes before pursuing lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 2-3 hours a day 7 x week x 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services 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 treatment in applicants who are homebound. In this case, however, there was no mention of the applicant's being homebound or bedbound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further takes the position that medical treatment does not include homemaker services such as shopping, cleaning, personal care, etc., i.e., the services reportedly being sought here, per the claims administrator. It is noted, however, that the November 11, 2014 RFA form and associated progress note on which the article at issue were sought were not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.