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| Case Number: | CM15-0009728 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 06/28/2010 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 45 year old female was injured 6/28/10 in an industrial accident involving an acute onset of low back pain with a shock like sensation into her lower extremities. Currently she experiences low back pain with radiation to legs; neck pain with radiation to both arms and left knee pain. Pain intensity is 7/10. She currently uses Voltaren Transdermal gel, Norco and Flexaril. Treatments included left knee injection with greater than 50% relief of pain; chiropractic treatments which helped alleviate her sciatica. Diagnoses are lumbar spine degenerative disc disease; status post C5-6 fusion (2014); depression; anxiety; bulging lumbar disc; lumbar facet arthropathy; lumbar stenosis and thoracic pain. Diagnostics included computed tomography myelogram and lumbar MRI. On 12/24/14 Utilization Review non-certified the request for In Home Support Services 28 hours per week (Home Health) citing MTUS: Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IHSS (In Home Support Services) 28 hours/week (Home Health): 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: As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. There is no documentation of any medical treatments needed at home or that patient is home bound. Only notation is that pt is restricted in lifting or pushing/pulling. MTUS guidelines specifically forbids use of home health services for "homemaker" services. The request for Home health services is not medically necessary.