

Case Number:	CM15-0103071		
Date Assigned:	06/05/2015	Date of Injury:	10/08/2001
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 74 year old female, who sustained an industrial injury on 10/8/2001. The current diagnoses are status post multi-level lumbar fusion with subsequent removal of hardware and significant spinal stenosis L2-3 secondary to bony spondylosis. According to the progress report dated 1/15/2015, the injured worker complains of mid to low back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals restricted and painful range of motion. There is guarding with motion and muscle spasms noted. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, physical therapy, electrodiagnostic testing, spinal cord stimulator trial, and surgical intervention. The plan of care includes home care assistance: 4 hours per day, 3 days per week for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance: HHA 4 hours per day, 3 days per week for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the particular need and duties for health were not specified. Length for 6 months of necessity was not substantiated. There was no evidence for being homebound for 6 months. The request for the home care services as above is not medically necessary.