

Case Number:	CM15-0138169		
Date Assigned:	07/28/2015	Date of Injury:	12/22/2009
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 22, 2009. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for a home health aide. The claims administrator referenced a progress note of June 8, 2015 and an associated RFA form of June 19, 2015 in its determination. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported ongoing complaints of low back pain, 7/10 on an average and, at times, 10/10, severe. Radiation of low back pain to the leg was reported. The applicant was not working, it was reported. The applicant was using Norco, Tramadol, and Flexeril for pain relief. The applicant had undergone earlier failed lumbar fusion surgery. The applicant was placed off of work, on total temporary disability. A home health aide was sought for assistance with activities of daily living on the grounds that the applicant could not do her own laundry and/or cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, five (5) hours per day for five (5) days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: No, the request for a home health aide 5 hours a day, 5 days a week, was not medically necessary, medically appropriate, or indicated here. 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 to applicants who are homebound. Medical treatment does not, however, include the housekeeping services, laundry, and cleaning services seemingly being sought here, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Therefore, the request was not medically necessary.