

Case Number:	CM15-0196097		
Date Assigned:	10/09/2015	Date of Injury:	07/22/2013
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 45 year old male who sustained an industrial injury on 7-22-13. A review of the medical records indicates he is undergoing treatment for sciatica, lumbar disc displacement without myelopathy, depressive disorder, rule out schizo affective disorder, and pain disorder. Medical records (7-14-15 to 9-1-15) indicate ongoing complaints of right hip, right knee, and lower back pain with radicular symptoms. The treating provider indicates (8-18-15) that the injured worker's "condition has deteriorated overall since his previous visit". The provider states that "he appears to have stopped shaving his beard and he admits to an increase in inability to or desire to perform self-care activities". The injured worker reports that he has "not showered more than twice in the last 4 months". He also reports that he only receives "6 hours of sleep per 24 hour periods". The injured worker reports that he "is constantly woken up by the sensation of increasing numbness in his occipital region of his head with radiation into the top of his head". The treating provider indicates that this is a "new symptom" that has been occurring for approximately 2 months. The injured worker complains of dizziness and "a new sensation of eye pressure", which is noted to be worse with walking or activity, which occurs "at random". The treating provider indicates that the injured worker has tinnitus and is "very sensitive to loud noises", indicating that he "moved several times throughout the visit as the street noise from the open window bothers him". The injured worker is being followed by a mental health provider. The progress record indicates that he "is sometimes tearful throughout the visit" and he feels that he does not have energy for "anything". The injured worker reports not doing laundry in "approximately 4 months". The physical exam (8-18-15) reveals that the

injured worker "is anxious". No abnormality is noted in his gait. His musculoskeletal exam is within normal limits. In regards to his physical complaints, diagnostic studies have included an MRI of the lumbar spine and bilateral lower extremity EMG. Treatment has included medications and psychotherapy sessions. The treatment plan includes an authorized MRI of the brain, 12 sessions of chiropractic treatment, medications, and a home health aide. The treating provider states "it is imperative for him to have a home health aide at least twice a week for the next month to help with self-care activities". The utilization review (9-3-15) indicates denial of the request for a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide (visits) QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 8/18/15 that the patient has a physical condition causing him to be home bound. Personal care services are not authorized by the guidelines. There are no other substantiating reasons why home health services are required. Therefore the request is not medically necessary.