

Case Number:	CM15-0198394		
Date Assigned:	10/13/2015	Date of Injury:	05/04/2009
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 05-04-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for fracture of fascial bones, cervical sprain, chronic neck pain, cervical muscle spasms, vision loss, post-traumatic stress disorder, cognitive disorder, and insomnia. Medical records (03-06-2015 to 08-05-2015) indicate ongoing neck pain with constant pressure in the eyes, depression, anxiety and headaches. Pain levels were rated 6-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate difficulty completing activities of daily living due to disability status. Per the treating physician's progress report (PR), the IW has not returned to work and is permanent and stationary. The physical exam, dated 08-05-2015, revealed no physical findings. Relevant treatments have included: physical therapy (PT), psychiatric and psychological treatments, electrical stimulation, work restrictions, and pain medications. The request for authorization (08-05-2015) shows that the following service was requested: caregiver services, twenty hours a week, four hours a day for twelve months, for the cervical spine, depression and vision loss. The original utilization review (09-04-2015) non-certified the request for caregiver services, twenty hours a week, four hours a day for twelve months, for the cervical spine, depression and vision loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver services, twenty hours a week, four hours a day for twelve months, for the cervical spine, depression and vision loss: 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: As per MTUS Chronic pain guidelines, home health services are only recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. Patient is not homebound and services requested are not medical and clearly classified as homemaker services. The request is not medically necessary.