

Case Number:	CM15-0209302		
Date Assigned:	10/28/2015	Date of Injury:	08/11/2008
Decision Date:	12/15/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61 year old male, who sustained an industrial injury on 8-11-08. Medical records indicate that the injured worker is undergoing treatment for lumbago, disorders of the sacrum, sciatica, lateral epicondylitis, chronic pain and depression. The injured workers current work status was not identified. On (9-10-15) the injured worker complained of chronic low back pain with no acute changes. The pain was rated 8 out of 10 without medications and 4-5 out of 10 with medications on the visual analog scale. The injured worker was noted to be able to walk better with less pain with his medications. The injured worker walks 30 minutes at a time and walks 2-3 times a day. Examination of the lumbar spine revealed significant tenderness to palpation at the lumbosacral spine junction with associated muscle tension. Range of motion was decreased. Motor strength of the bilateral lower extremities was 5 out of 5. Treatment and evaluation to date has included medications, x-rays, electromyography-nerve conduction study, MRI, transcutaneous electrical nerve stimulation unit, chiropractic treatments, massage treatments, physical therapy and a Home Health aide which has been assisting with light cleaning but is unable to assist with cooking. Current medications include pantoprazole, Gabapentin, Buprenorphine, Naproxen Sodium, Norflex ER and Ketamine cream. The current treatment request is for Home Health assistance two times per week for eight weeks with a Chinese speaking aide. The Utilization Review documentation dated 9-23-15 non-certified the request for Home Health assistance two times per week for eight weeks with a Chinese speaking aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance 2x8 with a Chinese speaking Aids: 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: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing lower back pain. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. In the absence of such evidence, the current request for sixteen visits by a Chinese-speaking home health aide done twice weekly for eight weeks is not medically necessary.