

Case Number:	CM15-0218101		
Date Assigned:	11/10/2015	Date of Injury:	08/01/1985
Decision Date:	12/23/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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: New Jersey

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 57 year old female, who sustained an industrial injury on August 1, 1985. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical radiculopathy, cervicgia and fibromyalgia. Treatment to date has included medication, H-wave with benefit, physical therapy, home exercise, transcutaneous electrical nerve stimulation unit and cortisone injections that she had been unable to tolerate. Physical therapy was noted to make her pain worse. On August 21, 2015, notes stated that the injured worker needs help but has managed most of her personal care. She walks unassisted but complained of significant pain in her back. Physical examination revealed tenderness to palpation over the lumbosacral junction area bilaterally. She was started on Lyrica. On September 16, 2015, the injured worker reported neck pain and low back pain. She stated that her pain had improved greatly since she started taking Lyrica. It had reduced pain from an 8 on a 1-10 pain scale down to a 2-3 on the pain scale. The treatment plan included MRI of the neck, weight loss, continue Lyrica, start Linzess and medial branch block of L3, L4, L5 bilaterally. A request was made for a home health aide and Linzess 145mg #30. On October 20, 2015, utilization review denied a request for unknown duration home health aide eight hours a day-once weekly. A request for 30 Linzess 145mg was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown duration home health aide 8 hours a day/once weekly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Home Health Services (2015).

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that 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 the case of this worker, there was a report found in the notes provided of them stating that they were able to take care of most of their personal needs. There was no evidence of this worker being homebound or requiring specific medical care. Without more clarification or justification for this request, it will be regarded as medically unnecessary.