

Case Number:	CM15-0224003		
Date Assigned:	11/20/2015	Date of Injury:	02/17/2009
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 injured worker is a 38-year-old male who sustained an industrial injury on February 17, 2009. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include residuals of musculoligamentous cervical strain, chronic pain syndrome, status post spinal cord stimulator, status post morphine pump placement, status post L5-S1 total disc arthroplasty and chronic pain syndrome. In the provider notes dated September 15, 2015 the injured worker complained of ongoing severe back pain. His symptoms are worse due to cold weather. "He has difficulty performing activities of daily living independently due to his pain." On exam, the documentation stated he "remains quite symptomatic." "He continues to require home health care assistance 2 hours per day, 7 days per week. He will need this most likely indefinitely, however, I recommend it continuously over the next 6 months." The treatment plan includes medications and continued home health assistance 2 hours per day 7 days a week. A Request for Authorization was submitted for continued home health care assistance 2 hours/day 7 days/week. The Utilization Review dated October 15, 2015 denied the request for continued home health care assistance 2 hours/day 7 days/week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health care assistance 2 hours/day, 7 days/week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 6/25/15) 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 home health services 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. This request is for homemaker services and not for medical treatment. In this case, the injured worker reportedly has difficulty performing activities of daily living independently due to his pain. He is not noted to be home-bound and the services needed are not described in the available documentation. The request for continued home health care assistance 2 hours/day, 7 days/week is determined to not be medically necessary.