

Case Number:	CM15-0031359		
Date Assigned:	02/25/2015	Date of Injury:	08/29/2010
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/19/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 08/29/2010. Initial complaints reported included sharp stabbing pain to the neck and low back, and urinary incontinence a week later. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain, urinary incontinence, and fecal incontinence. Treatment to date has included conservative care, medications (long term/chronic use with history of withdrawal symptoms), radiographic imaging, MRI of the lumbar spine (08/09/2013 and 05/05/2014), MRI of the cervical spine (08/09/2013), MRI of the brain (03/23/2011), cervical spine surgery (10/24/2013) and functional capacity evaluation. Currently, the injured worker complains of stabbing pain from the neck to the lower lumbar region with pins/needles like sensation in the bilateral shoulders and numbness traveling down the bilateral arms and legs. It was noted that the injured worker recently presented to the emergency department (multiple times in 10/2014 and 11/2014) with acute exacerbation of her chronic back pain due to the inability to obtain medications. Current diagnoses pertinent to these complaints include chronic pain, lumbago, lumbar strain/sprain, and acquired spondylosis. The current treatment plan includes lumbar discogram and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 5 days a week, 5 hours a day, Monday-Friday, for the bilateral low back area and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The patient presents with pain affecting the neck, low back, and bilateral shoulders with radiation down the bilateral upper and lower extremities. The current request is for Home health aide 5 days a week, 5 hours a day, Monday-Friday, for the bilateral low back and neck. The requesting treating physicians report dated 12/1/14 (11B), provided no rationale for the current request. The report states, "In wheelchair." The report goes on to note that the patient is currently not working and states, "Request evaluation only home health aide." The MTUS guidelines state "Home health services: Recommended only for otherwise 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. 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? The guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. In this case, while a home health aide may be beneficial for the patient, the total amount of days to receive the above-mentioned service is not specified in the current request. Furthermore, the physician does not specify what medical services are to be performed by the home health aide, and why the patient is unable to perform them herself. The current request does not satisfy the MTUS guidelines as an open-ended request is not supported. Recommendation is for denial. The requested treatment is not medically necessary.