

Case Number:	CM15-0035265		
Date Assigned:	03/03/2015	Date of Injury:	08/25/2000
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
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:

This 51 year old female sustained an industrial injury on 8/25/2000. She subsequently reports chronic back pain. Diagnoses include degenerative disc disease. The injured worker underwent back surgery in 2001. Treatments to date have included TENS treatment, acupuncture, injections, physical therapy, and prescription pain medications. MRIs dated 10/13/14 revealed abnormalities of the spine. On 2/2/15, Utilization Review non-certified a request for Home Assistance for ADL's x 1-6 hours per day until back is treated. The Home Assistance for ADL's x 1-6 hours per day until back is treated was denied based on MTUS Chronic Pain and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Assistance for ADL's x 1-6 hours per day until back is treated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) at www.odg-twc.com, Pain Chapter, Home Health Services.

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

Decision rationale: Home health services are 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. In this case, the request was to clean bathrooms and the house. The end date was not defined. The request is not considered a medically necessity per the guidelines.