

Case Number:	CM15-0048489		
Date Assigned:	03/20/2015	Date of Injury:	03/06/2008
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, 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 applicant is a represented 53-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 5, 2008. In a Utilization Review Report dated March 12, 2015, the claims administrator approved a urologic follow-up, approved a wheelchair, approved a walker, approved an evaluation and rehabilitation program, and denied home care assistance at a rate of 15 hours per week. A variety of non-MTUS Guidelines were invoked, including non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines. The claims administrator referenced an RFA form dated February 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2014, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue Viagra, Dexilant, and senna. An ankle foot arthrosis, hand control for driving, psychological evaluation, and a urologic evaluation were endorsed. The attending provider sought authorization for home care assistance 15 hours a week. The applicant was described as having persistent myelopathic pain complaints status post earlier T6-T8 decompression and fusion surgery. Ancillary complaints of depression were evident. On February 10, 2015, the applicant reported ongoing complaints of low back pain radiating into the legs. An urodynamic study was proposed to address the applicant's difficulties with voiding. The applicant had monoplegia about the right leg, it was suggested. The applicant exhibited some difficulty ambulating on the right leg. The attending provider stated that the applicant needed a follow-up with urologist, psychologist, and psychiatry. Home care assistance was proposed at a rate of 15 hours a week. The applicant was placed off of work, on total temporary disability. The

attending provider stated that the applicant might be a candidate for a rehabilitation program. The attending provider did not state what issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance; 15 hours per week: 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: No, the request for home health services at a rate of 15 hours a week was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Here, the attending provider did not state what medical service or services he intended the home care assistant to perform. The attending provider did not state what medical services or medical treatments he was seeking. It was not stated why the applicant could not obtain the services through conventional outpatient office visits as it appeared that the applicant had presented in the clinic setting to obtain office visits, medications, and the like. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted, notes that homemaker services such as cooking, cleaning, housekeeping, etc., do not constitute medical treatment. Here, as noted previously, it was not stated what services were sought. Therefore, the request was not medically necessary.