

Case Number:	CM15-0053340		
Date Assigned:	03/26/2015	Date of Injury:	01/07/2009
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 49 year old female, who sustained an industrial injury on 1/7/09. She reported fatigue, tingling and progressive left leg weakness. The injured worker was diagnosed as having lumbosacral neuritis and cervicalgia. Treatment to date has included (MRI) magnetic resonance imaging, (EMG) Electromyogram, oral medications and topical medications. Currently, the injured worker complains of constant low back pain with radiation to lower extremities and neck with radiation to upper extremities. Upon physical exam there is palpable paravertebral muscle tenderness with spasm of cervical spine and lumbar spine. The treatment plan for the progress note dated 1/13/15 included scheduling posterior lumbar interbody fusion and refilling medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance 3 times a week for 2 weeks (light housekeeping, meal preparation, ADL assistance): Upheld

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

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

Decision rationale: The requested Home assistance 3 times a week for 2 weeks (light housekeeping, meal preparation, ADL assistance), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 51, Home health services, note that 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. The treating physician has not documented the medical necessity for these services as an outlier to referenced guideline recommendations. The injured worker has constant low back pain with radiation to lower extremities and neck with radiation to upper extremities. Upon physical exam there is palpable paravertebral muscle tenderness with spasm of cervical spine and lumbar spine. The criteria noted above not having been met, home assistance 3 times a week for 2 weeks (light housekeeping, meal preparation, ADL assistance) is not medically necessary.