

Case Number:	CM15-0058008		
Date Assigned:	04/02/2015	Date of Injury:	04/14/2006
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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 58 year old male, who sustained an industrial injury on April 14, 2006. The injured worker had reported neck and back pain. The diagnoses have included cervical herniated nucleus pulposus with left upper limb radiculitis, chronic thoracic pain, multilevel lumbar disc degeneration and depression, insomnia and anxiety from pain. Treatment to date has included medications, radiological studies, acupuncture, injections, psychiatric evaluation, cervical spine fusion, thoracic spine fusion and lumbar spine fusion. Current documentation dated January 14, 2015 notes that the injured worker reported worsening neck, thoracic and lumbar pain with cervicogenic headaches. He also reported somnolence and depression. Physical examination of the cervical spine revealed a tender occipitalis with pain radiating to the head on palpation. Examination of the lumbar spine revealed bilateral paraspinal atrophy from lumbar three to the lumbosacral junction. Thoracic spine examination revealed increased thoracic kyphosis, spasms and tenderness with adjacent paraspinal atrophy. The treating physician's plan of care included a request for a home health aide three times a week, four hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 3 times a week for 4 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

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. There is no indication in the medical records provided for review that this request is for medical treatments and not for homemaker services. The request for home health aide 3 times a week for 4 hours per day is determined to NOT be medically necessary.