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| Case Number: | CM15-0089293 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 04/14/2006 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: 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 58-year-old male, who sustained an industrial injury on 4/14/06. The injured worker has complaints of neck pain that radiates to his left shoulder and associated with numbness and tingling. The documentation noted that he is having headaches that are attributed to his neck pain that radiates from the neck to the back of his head to top of his head to behind his eyes. The documentation noted that the injured worker was involved in a rear-ending motor vehicle accident on 5/16/13, which exacerbated his neck pain. The diagnoses have included degeneration of cervical intervertebral disc. Treatment to date has included cervical spine surgery on September 2014; cervical epidural steroid injections; admitted himself into an inpatient detox center from 1/3/14 through to 2/2/14 due to addiction to dilaudid; computerized tomography (CT) scan of the cervical and thoracic spine on 5/16/13 and magnetic resonance imaging (MRI) of the cervical spine on 7/11/13. The request was for home health aide 3 times per week for 4 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 per week for 4 hours per day: 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 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health aide 3 times per week for 4 hours per day is not medically necessary and appropriate.