

Case Number:	CM15-0241291		
Date Assigned:	12/18/2015	Date of Injury:	09/12/2001
Decision Date:	01/28/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 67 year old female who reported an industrial injury on 9-12-2001. Her diagnoses, and or impressions, were noted to include: cervical spine sprain-strain syndrome; cervical degenerative disc disease with multiple disc herniations-bulges; left cervical 2-7 radiculopathy; chronic widespread pain syndrome; history of hypertensive neuropathy with proteinuria; seizure disorder (onset 11-2013) - now seizure free and off medication; and depression with anxiety. No imaging studies were noted. Her treatments were noted to include: left cervical 2-6 epidural injections (5-15-15) - effective; diagnostic laboratories (9-16-15); medication management; and disability per her award. The progress notes of 10-28-2015 reported: continued struggles with depression, widespread chronic pain, debility and cardiovascular disease; modest success with the attempt to simplify her medication regimen; the discontinuation of her anti-seizure medication (Keppra) by her neurologist, without further seizures; that she depended on others for many activities of daily living and transportation. The objective findings were noted to include: no distress; normal vital signs, cardiac and lung assessments; 2+ carotids without bruits, clear lungs, and 1+ edema to the extremities. The physician's request for treatments were noted to include home health assistance 12 hours each week. The Request for Authorization, dated 10-28-2015, was noted to include home health assistance 12 hours per week. The Utilization Review of 11-13-2015 non-certified the request for a home health assistant for 12 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistant, 12 hours per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2001 and continues to be treated for chronic radiating neck pain and secondary medical conditions and she has depression and anxiety. She had improvement after a cervical epidural injection in May 2014 and the injection was repeated in May 2015. In September 2015, she had pain and stiffness while performing activities of daily living. There was cervical spine tenderness with decreased range of motion. When seen in October 2015 she was continuing to struggle with pain, debility, depression, and cardiovascular disease. She remained dependent on others for activities of daily living and transportation. Physical examination findings included appearing in no distress. Requests included authorization for a home health and transportation services, which had been recommended in October 2013. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. 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 claimant continues to be treated on an outpatient basis and is not home bound. There are no identified functional deficits that would require home health services. There is no reported assistive device use or described mobility deficit. These services were first requested more than two years ago and there is no reported decline in function or new injury. The requested home health services are not medically necessary.