

Case Number:	CM13-0042516		
Date Assigned:	06/11/2014	Date of Injury:	06/01/2008
Decision Date:	08/06/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old female who was injured on June 1, 2008. The patient continued to experience low back pain. The physical examination was notable for diffuse lumbosacral paravertebral muscular tenderness, decreased sensation to bilateral L4 and L5 dermatomes, and moderate facet tenderness at L4-S1. The diagnoses included lumbar sprain/strain, lumbar disc disease, lumbar facet disease, and lumbar radiculopathy. The treatment included medications, physical therapy, acupuncture, and chiropractic therapy. Request for authorization for home health services was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

11DAYS OF HOME CARE ASSISTANCE (4 HOURS A DAY): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. There is no documentation that home care is being requested for medical services. The request appears to be for personal care and homemaker services. These services are not covered. The request should not be authorized.