

Case Number:	CM14-0187297		
Date Assigned:	11/17/2014	Date of Injury:	10/12/2005
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 California. 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:

Patient has a reported date of injury on 10/12/2005. No mechanism of injury was provided. Diagnoses documented are lumbar spine disc herniation and lumbar sprain. Also has depression. Has a history of R knee replacement and bilateral facet rhizotomy. Medical reports reviewed. Last report available was 9/26/14. Patient complains of low back pain radiating to both feet and legs. Pain was worsened with movement and activity. Pain is 6-7/10. Has a home TENS unit that is not working. Objective exam reveals tenderness to paraspinal muscles with spasms and guarding, tenderness to lumbar spine junction. Range of motion is limited by pain. Request for authorization dated 9/24/14 reports unable to perform daily housework such as mopping, vacuuming, making bed etc. due to pain. Request is to help perform these services. Letter in response to denial of home health air dated 9/29/14 argues that since patient's pain is worsened by home activity, "rest" and "immobilization" is recommended and home chores may worsen patient's condition. Independent Medical Review is for "Ancillary home assistance from 2/26/14 to present and continuing for 6 weeks, 2 hours per day 7 days a week on probably an indefinite basis." Prior UR on 11/4/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ancillary home assistance from February 26, 2014 present and continuing for 6 weeks, 2 hours per day, 7 days a week probably will be required on an indefinite basis: 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: As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. There are notes specifically describing services needed for the home health aide that is expressly defined as "homemaker service" which is expressly not the services that home health services is for. Provider's letter dated 9/29/14 fails to provide any information that supports the medical use of a home health aide as per MTUS guidelines but strengthens the case against the request. Home assistance is not medically necessary.