

Case Number:	CM14-0085593		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2003
Decision Date:	06/12/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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: Psychologist

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 64 year old female, who sustained an industrial injury on 03/20/2003. She has reported subsequent back and lower extremity pain and was diagnosed with chronic sprain/strain of the lumbosacral spine, discogenic disease of the lumbar spine, complex regional pain syndrome of the left lower extremity, sprain/strain of the right ankle and lumbar radiculitis. Treatment to date has included oral and topical pain medication, acupuncture treatment and orthopaedic shoes. In a progress note dated 03/20/2014, the injured worker complained of increased pain through the body in cold weather, severe stomach pain and depression and anxiety due to non-resolution of pain. The physician documented objective findings as notable for pain and that acupuncture of the wrists was providing slight relief. A request for authorization of 6 months of 24/7 home care by a psych technician or LVN provider was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months of 24/7 home care by a psych tech or LVN Provider: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from treating provider, [REDACTED]. In her November 2013 supplemental report, [REDACTED] offers specific information and a rationale for the requested services under review. Although the injured worker appears to be in need of home health services, the request for 6 months of 24/7 home care appears excessive and exceeds the total number of hours recommended and set forth by the CA MTUS. The CA MTUS recommends home health services for individuals who are partially or intermittently homebound for no more than 35 hours per week. Given this guideline and the fact that the injured worker does have family/social support to assist in some of her care, the request for 6 months of 24/7 home care by a psych tech or LVN provider is not medically necessary. It is noted that the injured worker did receive a modified authorization for home health care services 4 hours per day, 7 days a week, for 3 months in response to this request.