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| Case Number: | CM15-0004989 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 08/20/1999 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 08/20/1999. She has reported subsequent bilateral shoulder pain radiating to the bilateral low extremities and was diagnosed with post-laminectomy syndrome of the lumbar spine, bilateral lumbar radiculopathy, degenerative disc disease, chronic pain syndrome, low back pain and fibromyalgia syndrome. Treatment to date has included oral and topical pain medication, trigger point injections and lumbar epidural steroid injections. A QME report on 10/07/2014 indicated that the injured worker needed 24/7 care and that she was totally disabled. A treating physician progress note dated 11/21/2014 reports that the injured worker continued to experience severe constant pain in the shoulder, low back, bilateral hips, right hand, bilateral arms and right temple. Trigger point injections were administered. The physician noted that the injured worker was given a note that she was capable of traveling with the care of the licensed vocational nurse or her husband. A request for 2 licensed vocational nurses to travel with the injured worker. There was no other medical documentation pertaining to this request. On 12/29/2014, Utilization Review non-certified a request for 2 licensed vocational nurses to travel with the claimant (2 needed to relieve one another), noting that there was no indication as to why the injured worker required LVN care or where the injured worker was intending to travel to. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 LVNs to travel with claimant (2 needed to relieve one another): 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 Home health Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for 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 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, there is no indication the claimant will be homebound if the claimant will be travelling. The guidelines do not provide for travel and 24 hour assistance with medication and a relief nurse. The request is not supported by the guidelines and is therefore not medically necessary.