

Case Number:	CM15-0118472		
Date Assigned:	06/26/2015	Date of Injury:	08/20/1999
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 8/20/99. The mechanism of injury is unclear. Diagnoses included postlaminectomy syndrome of lumbar spine; myofascial pain of lumbar spine; chronic pain syndrome of lumbar spine; fibromyalgia syndrome; and chronic pain syndrome. Treatment has included surgery, cane, 24/7 home health aide and medications. She currently complained of constant, sharp, radiating upper back, neck, right temple, left leg, and right knee pain. Pain was improved with medications and was aggravated by prolonged walking, sitting and standing. Pain level was 7/10. She was unable to perform housekeeping duties. On physical exam, there was tenderness along the paracervical muscles at all levels of the cervical spine and tender points in brachioradialis and sartorius bilaterally. Medications were Duragesic Patches, trazadone, Celebrex, Klonopin, Lexapro, Lyrica, Tizanidine, Vistaril, Nexium, Baclofen, Zyprexa, Actiq, Compazine. In the progress note dated 3/16/15 the treating provider indicated that the injured worker required a 24/7 caregiver. On 5/27/15 Utilization Review evaluated request for 24/7 home health aide; licensed vocational nurse once a week for medication teaching and training for medication compliance, safety and vitals.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 Home Health Aide 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include: wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does recommend its use for homebound individuals but not for routine personal care activities such as bathing, dressing or using the bathroom nor for homemaker activities such as shopping, cleaning or laundry. However, when need it should be utilized on an intermittent basis no more than 35 hrs per week. This patient's needs do not meet the definition in the MTUS, as the only documentation of need is that the patient is unable to perform housekeeping duties. Medical necessity for this service has not been established. Therefore, the request is not medically necessary.

Licensed vocational nurse once a week for medication teaching and training for medication compliance, safety and vitals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) California Board of Vocational Nursing and Psychiatric Technicians: Vocational Nursing Practice Act. Amended 1 Apr 20112) Charter College: Vocational Nursing. Web site: <http://vocationalnursing.chartercollege.edu/difference-between-RN-and-LVN>.

Decision rationale: [REDACTED] is a job title specific to Texas and California. In all other states, they are known as licensed practical nurses (LPNs). [REDACTED] and LPNs work under the supervision of registered nurses (RNs) and physicians, providing patients basic nursing care. The duties of LPNs vary depending on the work setting, but they typically do the following: Monitor patients' health, such as checking their blood pressure, administer basic nursing care, including changing bandages and inserting catheters, withdraw blood and give immunizations/injections, provide for the basic comfort of patients, such as helping them bathe or dress, discuss health care with patients and listen to their concerns, report patients' status to registered nurses and doctors, and keep records on patients' health progress. The MTUS does not comment on use of LPNs. The request for this patient to have a LPN provide medication teaching and training is appropriate given the duties they are trained to perform, however, the duration of this service does not make sense. There is no indication of a need for weekly

teaching and training on medication use/compliance. Medical necessity for weekly LPN visits has not been established. Therefore, the request is not medically necessary.