

Case Number:	CM15-0123968		
Date Assigned:	07/08/2015	Date of Injury:	11/27/2004
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina

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 58 year old female who sustained a work related injury November 27, 2004. Past history included anemia, diabetes, hypertension, and kidney stones. According to a pain and rehabilitative physician's office visit notes, dated May 15, 2015, the injured worker presented with constant lower back pain, rated 3-4/10 with medication and 7-8/10 without medication. Pain is worse with prolonged standing and household work and better with rest and medication. She also complains of chills, severe fatigue, headaches, balance problems, poor concentration, memory loss and numbness (unspecified). She has an antalgic gait. Examination of the lumbar spine revealed normal lumbar extension, flexion 60 degrees, normal bilateral bending. Sensation is intact to light touch and pinprick bilaterally to the lower extremities. Spasm and guarded is noted in the lumbar spine. Diagnoses are lumbar disc displacement without myelopathy; sciatica; degeneration lumbar lumbosacral disease. Treatment plan included conservative treatment; exercising as much as possible and a request for authorization for a home aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home aid, four hours daily, once weekly, for six months, to help with light house work and laundry: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or “intermittent” basis for no more than 35 hours/week. Medical treatment does not include homemaker services and personal care when this is the only care that is needed. In this case, the patient has been diagnosed with degenerative lumbosacral disease, and is being treated conservatively, including a recommendation for "exercising as much as possible." She has no functional deficits for which home health services are medically necessary. Further MTUS Guidelines do not support the use of home health service solely for homemaker services. Therefore the request is not medically necessary.