MAXIMUS Federal Services

Case Number:	CM15-0170444		
Date Assigned:	09/14/2015	Date of Injury:	02/01/2000
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/29/2015

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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 1, 2000. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for home health services. The claims administrator referenced an August 6, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney appealed. On an RFA form dated August 6, 2015, home health assistance was sought. The applicant had undergone earlier lumbar spine surgery on June 23, 2015, it was reported. In an associated progress note dated August 6, 2015, the applicant reported ongoing complaints of low back pain. The applicant denied any drains from her incision. The applicant stated she did have difficulty performing household chores secondary to her pain complaints. An extension of home health services was sought. The applicant continued to report difficulty with prolonged standing, prolonged walking, cleaning, and cooking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of home health assistance 3 hours a day 1 day a week for 2 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: Yes, the request for an extension of home health assistance for 2 weeks was medically necessary, medically appropriate, and indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home health services are recommended only to deliver otherwise recommended medical treatments to applicants who are homebound and further notes that cooking, cleaning, and/or assistance with household chores, i.e., the services at issue here, do not constitute medical treatment, this position is, however, contravened by a more updated medical treatment guideline in the form of ODG's Chronic Pain Chapter Home Health Services topic which does recommend home health services, including provision of domestic care services, is recommended on a short-term basis following major surgical procedures. Here, the applicant had undergone a major lumbar fusion surgery some 6 weeks prior to the date of the request. The applicant was having difficulty performing cooking, cleaning, bending, and stooping to perform household chores as of the date of the request. Temporary provision with home health services on the order for an additional 2 weeks was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.