

Case Number:	CM15-0048435		
Date Assigned:	03/20/2015	Date of Injury:	01/07/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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 54-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2014. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for home care assistance. An RFA form received on February 13, 2015, was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 13, 2015, continued home care assistance, Colace, Neurontin, and Flector patches were endorsed. In an associated progress note of January 28, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, status post earlier lumbar discectomy. The attending provider seemingly suggested that the applicant was working with a rather proscriptive 5-pound lifting limitation in place. The attending provider suggested that the applicant continue home health services. It was not suggested for what purpose the home health care was needed and what services the home health aide was delivering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance 8 Hours/Day 1 Day/Week for 6 Weeks: Upheld

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

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

Decision rationale: No, the request for home health services/continued home care was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Here, however, there was/is no evidence that the applicant was in fact home bound. The applicant was seemingly working, it was suggested on a January 28, 2015 office visit. The attending provider did not state, furthermore, precisely what service and/or services the home health aid was performing here. Therefore, the request was not medically necessary.