

Case Number:	CM15-0063459		
Date Assigned:	04/09/2015	Date of Injury:	07/21/2003
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained an industrial injury lumbar spine on 7/21/03. Previous treatment included magnetic resonance imaging, physical therapy, injections, home exercise, hot/cold packs and medications. In a request for authorization dated 2/25/15, the injured worker reported still being symptomatic with pain and discomfort. The injured worker reported falling recently and going to the Emergency Department. Physical exam was remarkable for the injured worker being alert, oriented and without signs of sedation or slurred speech. The injured worker used a rolling walker for balance and ambulation. Current diagnoses included lumbar spine disc injury with status post lumbar spine fusion, history of lumbar spine revision surgery, lumbar spine disc injury, right L5 lumbar spine radiculopathy and history of seroma formation and infection of spine. The treatment plan included medications (Norco, Embeda and Avinza), home exercise and heat and cold packs and a home heal aid/daily assistant seven times a week. The injured worker was scheduled to start a functional restoration program the following week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Help Aids Daily Assistant 7 x week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.