MAXIMUS Federal Services

Case Number:	CM15-0073252		
Date Assigned:	04/23/2015	Date of Injury:	10/30/1998
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 64 year old female, who sustained an industrial injury on 10/30/1998. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include multilevel cervical, thoracic, and lumbar disc disease, radiculopathy. She is status post multiple spine surgeries including multiple fusions, exploration, re-fusion with post- operative complications of infection and sepsis requiring additional surgeries and extensive inpatient rehabilitation. She is on Coumadin therapy due to a history of DVT and pulmonary emboli. Treatments to date include medication therapy, physical therapy, intrathecal baclofen pump insertion, and requires a wheelchair and walker for ambulation. Currently, she complained of ongoing and debilitating pain in the mid to low back. She reported 70% improvement in pain symptoms lasting approximately four months. On 3/11/15, the physical examination documented numerous trigger points, tenderness and muscle rigidity in the lumbar spine with limited range of motion and muscle guarding. She was unable to bear weight on the lower extremities, requiring a two person assist for transfers. The plan of care included a request for ongoing home health assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued HHC Aide for 9 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Home health services.

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients who are Home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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. (CMS, 2004) Home health services are recommended for patients who are home bound. The request however is in excess of the maximum 35 hours per week recommended per the MTUS and therefore is not medically necessary.