

Case Number:	CM15-0079622		
Date Assigned:	04/30/2015	Date of Injury:	10/12/2005
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 66 year old male, who sustained an industrial injury on 10/12/2005. The current diagnosis is lumbar spine sprain/strain. According to the progress report dated 3/16/2015, the injured worker complains of low back pain with radiation down his right lower extremity associated with spasms. The pain is rated 5-9/10 on a subjective pain scale. The current medications are Norco, Fexmid, and Neurontin. Treatment to date has included medication management, heat application, lumbar support, MRI studies, TENS unit, home exercise program, and acupuncture. The plan of care includes home care 2 hours/day for 7 days/week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 2 hours a day for 7 days a week for 6 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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." Given the medical records provided, IW does not appear to be "homebound". The treating physician provided an additional letter of justification but in that letter, as well as in the available medical record, there is no detail as to what specific home services the patient should have beyond shopping. Cleaning, etc., this does not support the use of home health services as "medical treatment", as defined in MTUS. As such, the current request for home health care is deemed not medically necessary.