
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	9/21/2011
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0013240

- 1) MAXIMUS Federal Services, Inc. has determined the request for urgent home health aide for six (6) weeks x three (3) weeks for 2 hours a day **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for urgent home health aide for six (6) weeks x three (3) weeks for 2 hours a day **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 19, 2013

“Clinical summary: According to Orthopedic spine surgery re-evaluation report dated 6/27/2013 by Dr. [REDACTED], patient complained of persistent and worsening lower back pain radiating into the bilateral lower extremities (left greater than right) at scale of 8/10 with numbness and tingling in the left posterior thigh. On physical exam, there were muscle spasms palpable next to the spinous processes in the lumbar spine. With patient relaxed lying prone. There was decreased motor power strength on the left side which measured 4/5 at the tibialis anterior (ankle fused with tendon transfer) and 1/5 at the extensor hallucis longus/peroneus longus. There was diminished sensation over the dorsum of the feet. Patient had medical history of breast cancer treated with chemotherapy. There was no smoking history noted on the clinical data submitted for review. Patient had Agreed Medical Evaluation (AME) dated 5/2013 with Dr. [REDACTED]. The patient was diagnosed with L4-L5 and L5-S1 spondylolisthesis with stenosis; lumbago; lumbar radiculopathy. This request is for the medical necessity of urgent home health aid 6 weeks x 3 weeks for 2 hours per day.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 8/16/13)
- Utilization Review from [REDACTED] (dated 7/19/13)
- Medical report from [REDACTED], MD (dated 6/27/13)

- Requested medical records were not timely submitted for review
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for urgent home health aide for six (6) weeks x three (3) weeks for 2 hours a day:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), (current version), Low Back Chapter, Home Health Services Section, a medical treatment guideline (MTG), not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Guidelines (2009), Home Health Services Section, pg. 51 applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 11/21/2011 the employee sustained a work-related injury resulting in chronic low back pain. A review of the medical records submitted indicated treatment has included; analgesic medications and MRI imaging of April 22, 2013, notable for multilevel degenerative disk disease at L4-L5 and L5-S1. A medical report dated 6/27/13 indicates the employee continues to experience low back pain with radicular symptoms. A lumbar laminectomy and fusion of L4-L5 and L5-S1 was recommended. A request was submitted for a home health aide for six (6) weeks x three (3) weeks for 2 hours a day for post-op care management.

The MTUS Chronic Pain Medical Treatment Guidelines state home health services are not recommended for the purposes of facilitating performance of activities of daily living, such as bathing, dressing, shopping, cleaning, laundry, transportation, personal care, etc., when this is the only care needed. The medical records submitted indicate that the attending provider is requesting home health aide solely for the purposes of activities of daily living assistance, which is not supported in the guidelines. The request for urgent home health aide for six (6) weeks x three (3) weeks for 2 hours a day is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.