

Case Number:	CM14-0162968		
Date Assigned:	10/08/2014	Date of Injury:	02/22/2012
Decision Date:	11/10/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 22, 2012. In a Utilization Review report dated December 4, 2014, the claims administrator approved a request for Viagra, failed to approve a request for home health assistance, and failed to approve a request for a re-evaluation. The claims administrator referenced an August 7, 2014 office visit in its determination. Non-MTUS ODG Guidelines were invoked to deny the re-evaluation. The applicant's attorney subsequently appealed. On April 11, 2013, the applicant was placed off of work, on total temporary disability while Norco, Cialis, Xanax, Ambien, and Colace were endorsed. The applicant was asked to obtain a home health aide. Ongoing complaints of low back, hip, knee, ankle, and heel pain with derivative complaints of depression and anxiety, it was reported. The applicant was reportedly developing issues with reflex sympathetic dystrophy, it was reported. The applicant was using a walker to move about. The attending provider did not clearly state what services he intended for the home health aide to deliver but seemingly suggested that the service represented assistance with activities of daily living. On August 15, 2013, the applicant reported ongoing complaints of low back and hip pain. The applicant was again described as using a walker to move about. The applicant was placed off of work, on total temporary disability. Physical therapy was proposed. Morphine, Norco, and continued usage of a home health aide were proposed. Once again, the treating provider did not state for what service the home health aide was needed to deliver but seemingly suggested that the home health aide was being provided for the purposes of assistance with household chores. On September 26, 2013, the

attending provider again placed the applicant off of work, on total temporary disability owing to multifocal complaints of low back, hip, and knee pain. Norco was endorsed. The attending provider stated that the home health aide was being sought for the purposes of furnishing assistance with cooking, cleaning, showering, fading, grocery shopping and traveling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance with activities of daily living, 6 hours a day, 7 days per week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: No, the request for home health assistance with activities of daily living at a rate of 6 hours a day, 7 days a week, for 3 months 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. Medical treatment, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does not include services such as cooking, cleaning, household chores, etc., i.e., the services seemingly being sought here. The attending provider reported on September 26, 2013 that the home health aide was being furnished for the purposes of facilitating the applicant's performance of cooking, cleaning, showering, and other household chores. Such services do not, however, constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Re-evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Conversely, the request for a re-evaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent followup visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work, on total temporary disability. The applicant was using opioid agents to include Norco. Obtaining a re-evaluation was, thus, indicated on several levels, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.

