

<b>Case Number:</b>	CM13-0010125		
<b>Date Assigned:</b>	09/24/2013	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female with date of injury 06/03/98. A 08/05/13 record from [REDACTED] documented ongoing complaints of low back pain with left hip pain; there was notation that recent left sacroiliac joint injections have helped her complaints and that she continues to follow with pain management physician, [REDACTED]. It states she is also under psychiatric care with [REDACTED], who has been prescribing Paxil and BuSpar for her underlying complaints. Her physical examination reveals lumbar tenderness to palpation, particularly over the left SI joint with a positive sacroiliac stress test and Yeoman's testing. Straight leg raising was noted to be positive. There was a guarded gait with use of a cane. The claimant's current working diagnosis was that of cervical strain with anterolisthesis per 2009 radiographs as well as thoracolumbar strain with history of disc protrusion and lumbar strain with facet degenerative joint disease, severe degenerative disc disease, and history of prior implanted spinal cord stimulator. [REDACTED] at that date recommended the role of home care assistance 24 hours per day for seven days a week indefinitely as well as continued need for transportation services for office based appointments. At present, there is a request for home health visitation four hours per day seven days a week for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health LVN/RN visitation 4hrs a day x 7 days a wk x 3 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS Guidelines, the role of home health services are intended for patient's who are homebound on a part time or "intermittent" basis with no more than 35 hours a week. Records in this case request the need for 28 hours a week of service for a three month period of time. The claimant's current diagnoses do not indicate a homebound situation. Records indicate that the claimant is ambulating with the use of a cane with the diagnosis of cervical, thoracic, and lumbar strains greater than 10 years from time of injury. The lack of the documentation of an "intermittent" or part time homebound status would not support the requested home health services and they would as such not be recommended as medically necessary.