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| <b>Case Number:</b>   | CM13-0021156 |                              |            |
| <b>Date Assigned:</b> | 03/12/2014   | <b>Date of Injury:</b>       | 05/28/2002 |
| <b>Decision Date:</b> | 04/24/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/06/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient is a 68-year-old female with date of injury 05/28/2002. Chief complaints were recurrent neck pain, recurrent worsening bilateral upper extremity pain, numbness, weakness, worsening bilateral lower extremity pain and numbness. Patient had anterior cervical discectomy and fusion (ACDF), instrumentation from C3 to C7 from 08/25/2010, but the patient's current conditions have deteriorated with significant back pain, bilateral leg pain and numbness, worsening upper extremity pain, numbness and weakness. The patient's listed diagnoses were status post anterior discectomy and fusion in multiple levels, insomnia due to pain, radiculopathy, anxiety and depression, C3-C4 adjacent disk pathology that may need to be treated next to the fusion. Recommendation was for home care 6 hours per week to take care of daily chores due to her significant neck and back problems. Report by another physician on 08/27/2013 states that the patient continues to have difficulty with lifting and carrying as well as bending. Patient has difficulty lifting or walking in and out of the car as this increases her neck pain. A 4-point cane was asked for in the past. Patient continues to have difficulty with balance and states that she could not put on underwear or clean her house due to limitation of her neck and back. The patient was requesting assistance for ADLs to be performed or assisted at her home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**36 HOURS OF HOME CARE (6 HOURS PER WEEK FOR 6 WEEKS) BETWEEN 8/28/13 AND 10/12/13: Overturned**

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The patient has had multilevel cervical fusion with discectomy in 2010. There is a request for 6 hours per week of home care, a total of 36 hours for 6 weeks. Treating physician's reports are reviewed from 2013. Pertinent reports are 08/26/2013 report by [REDACTED] and [REDACTED] from 08/27/2013, but both of these reports indicate that this patient requires home care assistance. [REDACTED] states that the patient has balance problems, has difficult time handling any lifting, bending. The patient is not able to clean the house or take care of the household chores. He referenced EMG from 02/27/2013 that showed left tibial neuropathy. MRIs of the cervical and lumbar spines were reviewed and there is a junctional disk problem at C3-C4 per MRI of the C-spine. The treating physician is considering additional surgery. MTUS Guidelines page 51 states for home health cases "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 was the only care needed". In this case, homecare service is requested and not necessarily home health general services. There are no guidelines that specifically address homecare assistance. It is clear that this patient is currently having difficulties with managing household chores. Six hours of house care aides appears reasonable on this patient who is 68 years old with multilevel cervical fusion, presenting with chronic neck and low back symptoms with significant limitations, particularly that of balance and mobility issues. Recommendation is for authorization.