

<b>Case Number:</b>	CM13-0023153		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	05/19/1999
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 68 year old male who reported an injury on 05/19/1999. The mechanism of injury was not submitted. The patient has a history of neck, low back pain and upper and lower extremity pain. The patient also has a history of multiple lumbar spine surgeries and is not fused from L2 to S1. The patient was diagnosed with lumbar intervertebral disc displacement, post lumbar laminectomy syndrome, and cervicgia. The patient stated he was bed-bound for 22-23 hours a day for the previous 3 years. The patient stated he had difficulty with activities of daily living. The patient stated he had days where he was bed-ridden for 18 hours a day and the only pain relief he gets is keep his spine in the supine position. The patient wears a TLSO brace. The patient has been treated with medications, injections, lumbar brace and surgeries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Domestic help, one day a week for 8 hours:** 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 Page(s): 51.

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. The patient has a history of neck and low back pain and is status post a lumbar laminectomy. The patient wears a TLSO brace. CA MTUS recommends home health services for patients who are homebound, on a part-time or "intermittent" basis, for no more than 35 hours per week. The clinical documentation submitted for review stated that the patient is in need of assistance with personal care, transferring from bed, toileting, preparation of medications, ambulation and accompaniment. The guidelines state home health services do 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. No clinical documentation was submitted to indicate the patient is in need of medical treatment in the home. As such, the request is non-certified.