

<b>Case Number:</b>	CM13-0023983		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 is licensed to practice in New York. 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 claimant sustained a work related injury on 09/13/2011. The mechanism of injury was a fall while pushing a cart filled with plates and drinking glasses. The claimant landing on his buttocks. He has diagnoses of chronic low back pain secondary to subacute chronic compression fractures of T7, T9, T10, and T 11, and multi-level degenerative disc disease with foraminal narrowing throughout the mid and lower thoracic spine. On exam from a report dated 08/05/2013 he has continued low back pain with weakness in both legs. There is increased thoracic kyphosis and mild thoracic paraspinal muscle tenderness and spasm bilaterally. Straight leg raising was positive bilaterally and the motor exam showed generalized muscle weakness bilaterally. The claimant is maintained on Norco 2.5 for pain control. The treating provider has recommended access to pain management including epidural steroid injections, facet blocks and possible radiofrequency rhizotomy and skilled nursing services 3x week x 6 weeks for 4 hours/day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled Nursing Services 3x a week x 6 week, 4 hours a day:** Upheld

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

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

**Decision rationale:** Per CA MTUS Guidelines home health services are 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 such as shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The claimant has not been hospitalized for at least three days for surgery or recent major trauma and there is no documentation of the need for skilled nursing and/or skilled rehabilitation services. The claimant is maintained only on oral analgesics for pain control. Medical necessity for the requested skilled nursing services for 3x week x 6 weeks for 4 hours per day has not been established.