

<b>Case Number:</b>	CM13-0027531		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 61-year-old female who reported a work-related injury on 05/01/2009. The patient has a history of fusion at multiple sites to her low back. MRI of the lumbar spine on 07/10/2013 revealed internal revision of the L5-S1 level with cage fusion and pedicle screw fixation, improvement of grade 1 anterolisthesis of L5 on S1, and asymmetric narrowing on the right at L4-5 with abutment of the exiting L4 nerve root. The patient has undergone epidural steroid injections and has been prescribed narcotics for her pain management. A request has been made for home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the Aetna Clinical Policy Bulletin addressing the issue of Home Health Aides.

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

**Decision rationale:** The patient's most recent physical exam revealed the patient's right lateral rotation of her neck was full at 60 degrees and left lateral rotation was full at 75 degrees. The

patient was negative for Spurling's sign. Exam of the patient's back revealed tenderness over paraspinal muscles and tenderness to palpation of right sacroiliac joint and left sacroiliac joint. The patient's gait was normal and pain with flexion, extension, and lateral bending to the right was noted during range of motion. It was reported the patient could right and left toe and heel walk without difficulty. A prior clinical note stated the patient complained that her pain was quite severe, and reported pain and numbness in her right lower extremity, as well as her right buttock, right knee, and right thigh. She stated she was having difficulty transitioning from sitting to standing. A request was made for home health care to come in and help the patient. California Medical Treatment Guidelines for chronic pain state that home health services are recommended only for otherwise-recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis, and generally up to no more than 35 hours per week. Guidelines further state that medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides to include bathing, dressing, and using the bathroom, when this is the only care needed. There was no rationale provided for the request for home health with the exception of the patient was having difficulty with transitioning from sitting to standing. More recent clinical documentation does not state the patient is in need of home health care. As such, the decision for Home Health Care is non-certified.