

<b>Case Number:</b>	CM13-0039962		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/07/1996
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Psychiatry 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:

This case involves a 50 year old male injured 10-7-1996. He has suffered from anxiety, irritability, and mood problems. He has undergone a spinal fusion at the L4 L5 level. He has been treated with tramadol and Norco. The report by [REDACTED] on 10-3-13 cites film evidence of the patient doing light work. [REDACTED] conclusion was that the patient was able to do light work. At issue is the medical necessity of 24/7 home care for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Home health care 24-7 preferable by a psych technician or LVN: Upheld**

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) state on page 51: Home health services 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 is the only care needed (CMS, 2004). In this case, the report by [REDACTED] on 10-3-13 cites film evidence of the patient doing light work. [REDACTED] conclusion was that the patient was able to do light work. The patient's pain apparently was sufficiently light that his urine drug screen showed no opiates even though they were being prescribed for him. Because the CA MTUS guidelines clearly state there is a maximum of 35 hours per week, and because the patient has enough function for light work based on [REDACTED] assessment with reference to film evidence, 24 hour per day home care is not medically necessary.