

<b>Case Number:</b>	CM13-0042197		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/25/2006
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported an injury on 03/28/2006. The patient is diagnosed with failed back surgery syndrome, lumbar neuropathy, lumbar degenerative disc disease, secondary median nerve compression, bilateral sacroiliac joint pain, and opioid dependence. The patient was seen by [REDACTED] on 12/23/2013. The patient reported chronic lumbar spine pain with left lower extremity radiculopathy. Physical examination revealed decreased range of motion of the lumbar spine, positive straight leg raising bilaterally, positive Kemp's, Minor's sign, and Braggard's testing; mild swelling in the bilateral lower extremities; decreased sensation in the right L5 and S1 nerve distributions, and 4/5 motor strength throughout the lower extremities. Treatment recommendations included continuation of current medications, a spinal cord stimulator unit trial, psychological evaluation, and an authorization for home health evaluation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health evaluation, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound, 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, using the bathroom, when this is the only care needed. As per the clinical documentation submitted, there is no indication that this patient is homebound. There is also no indication that this patient is unable to obtain assistance from outside resources. The medical necessity for the requested service has not been established. As such, the request is non-certified.