

<b>Case Number:</b>	CM13-0044185		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/08/2013
<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 Family Practice, 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 56-year-old female who reported a work-related injury on 9/23/09 due to constant and repetitive job duties. The patient has undergone conservative treatments to include a functional restoration program, acupuncture, physical therapy, and aquatic therapy. The patient complains of pain in the upper and lower back, arms, wrists, and right hip. She also complained of headaches and increased blood pressure. The patient was in a pain management program. Physical exam revealed tenderness over the patient's paravertebral muscles and spasm was also noted. Range of motion of the lumbar spine was restricted and motor strength was 4/5 in all major muscle groups. Sensations were grossly intact and deep tendon reflexes were normal and symmetrical. In the patient's recent evaluation, the patient stated she had significant difficulty driving because of weakness and pain in the low back. She reported her condition also made it difficult for her to perform activities of daily living. It was noted that the home health assistants would aid in the patient in performing activities of daily living and allow her to have periods of rest and minimal exertion in doing activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care three hours a day, four days a week:** Upheld

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

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

**Decision rationale:** In the patient's recent evaluation, the patient stated she had significant difficulty driving because of weakness and pain in the low back. She reported her condition also made it difficult for her to perform activities of daily living. It was noted that the home health assistants would aid in the patient in performing activities of daily living and allow her to have periods of rest and minimal exertion in doing activities of daily living. The California Medical Treatment Guidelines for chronic pain state home health services do not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. The patient was noted to be able to ambulate and had 4/5 muscle strength in all extremities. The rationale provided for the request for home health services does not meet guideline criteria. Therefore, the request is non-certified.

**Transportation to and from medical appointments:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines indicate that transportation to and from appointments is recommended for patients with disabilities preventing them from self transport. There was no evidence given the patient had disabilities which would prevent her from self-transporting to appointments. There was also no evidence given the patient had no other family or friends that could help her to and from appointments. Therefore, the request is non-certified.