

<b>Case Number:</b>	CM13-0051380		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/04/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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:

According to the records made available for review, this is a 41-year-old male with a 7/4/10 date of injury, and lumbar spine discectomy-end fusion at L4-5 with instrumentation and iliac crest bone graft 10/11/13. At the time (10/21/13) of the request for authorization for home health care 4 hrs/day 7x wk x 6 wks, there is documentation of subjective (postoperative pain to his low back and numbness and soreness to his left lower extremity) and objective (detailed sensory examination is normal, muscle groups testing is 5/5) findings, current diagnoses (s/p lumbar spine discectomy and fusion at L4-5, status post microdiscectomy L4-5, symptoms of depression, sleep disruption, left L5 nerve root impingement per EMG/NCV, and ruptured L4-5 disc), and treatment to date (activity modification). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 4 HRS/DAY 7X WK X 6 WKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK, HOME HEALTH SERVICES.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of s/p lumbar spine discectomy and fusion at L4-5, status post microdiscectomy L4-5, symptoms of depression, sleep disruption, left L5 nerve root impingement per EMG/NCV, and ruptured L4-5 disc. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home health care 4 hrs/day 7x wk x 6 wks is not medically necessary.