

<b>Case Number:</b>	CM13-0061580		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 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:

The injured worker is a 55-year-old male who reported an injury on 12/23/2009 while bending over to hook up a vehicle. Current diagnoses include brachial neuritis, lumbosacral neuritis and an ulnar nerve lesion. The most recent Physician's Progress Report submitted for this review is documented on 09/20/2013. The injured worker reported persistent lower back pain with right lower extremity numbness. Physical examination revealed positive sciatic tension testing, diminished reflexes and diminished sensation. Treatment recommendations included a followup with a spine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH EVALUTATION:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS Guidelines state that home health services are recommended for otherwise recommended medical treatment for injured workers who are homebound on a part-time or intermittent basis, generally up to no

more than 35 hours per week. There was no indication that this injured worker is homebound. The specific type of services was not listed. The total duration of treatment was also not mentioned in the current request. Therefore, the request is non-certified.