

<b>Case Number:</b>	CM13-0062028		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation, 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 53 year-old Bus Driver sustained an injury after being rear-ended on 12/13/12 while employed by the [REDACTED]. Request under consideration include home health aide 4 hours per day for 6 weeks, QTY: 42. Report dated 12/18/13 noted MRI of the cervical spine on 3/2/13 showed spinal cord compression at C3-6 and is s/p 2 cervical spine surgeries both anterior and posterior approach on 5/9/13 and 8/27/13. MRI of the lumbar spine compared to that of 8/11/11 showed progression of canal narrowing at L3-4. Report noted patient was referred for physical therapy for lumbar and cervical symptoms unchanged at level of 7-8/10 with radiation into the right arm and leg improved with rest and medication. He had previous lumbar surgery in 2011 prior to current claim under review. The patient was noted to be taking medications as needed and denies abdominal pain as well as paralysis or bowel/bladder dysfunction. Exam of cervical spine noted mild-moderate tenderness and spasm of paraspinal musculature as well as lumbar spine area; lumbar flex/ext at 45/15 degrees; positive SLR at 60 degrees; motor exam of 4/5 muscle strength on left and 3+/5 on right. Diagnoses included cervicalgia; cervical radiculopathy/ strain; lumbar pain/ strain/radiculopathy; s/p cervical surgery x2. Plan was for continuing with home exercises, neck brace and medications. Request was non-certified on 12/4/13 citing guidelines and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**home health aide 4 hours per day for 6 weeks, QTY: 42.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services Page(s): 52.

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. The patient is instructed on home exercise. Provider has not documented limitations as he still has follow-up with multiple care providers and is not homebound. There was no notation regarding lack of family support or necessity for assistance in his activities with daily living (ADLs). A provider has noted patient with resolution of the majority of the numbness and paresthesias in his torso and arms with only residual numbness in his hands. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The Home health aide 4 hours per day for 6 weeks, QTY: 42 is not medically necessary and appropriate.