

<b>Case Number:</b>	CM13-0067840		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/29/1998
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46 year old female with a 4/29/98 date of injury. At the time of request for authorization for home help assessment, there is documentation of subjective (low back pain with left lower extremity radicular pain and neck pain with bilateral upper extremity radicular pain) and objective (tenderness in the cervical region, especially left C2-3 and C3-4 regions with clinical features of facet arthropathy) findings, current diagnoses (complex regional pain syndrome in the upper extremities, status post spinal cord stimulator leads and internal pulse generator implantation, and left upper cervical facet arthropathy with cervicogenic headaches), and treatment to date (facet injections, activity modification, spinal cord stimulator, and medications)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Help Assessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 complex regional pain syndrome in the upper extremities, status post spinal cord stimulator leads and internal pulse generator implantation, and left upper cervical facet arthropathy with cervicogenic headaches. 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 help assessment is not medically necessary