

<b>Case Number:</b>	CM13-0068823		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/19/2004
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; transfer of care to and from various providers in various specialties; antidepressant medications for derivative major depressive disorders; and unspecified amounts of psychotherapy. A July 10, 2013 progress note is notable for comments that the applicant has persistent low back pain in the area of the hardware. On July 10, 2013, the attending provider suggested that the claimant pursue additional physical therapy and/or a hardware block. On July 3, 2013, the applicant was placed off of work by her primary treating physician, on total temporary disability. It was stated that 24-7 home care assistance by a psych technician or LVN was necessary to cure the applicant of the effects of her orthopedic injury. It was not clearly stated precisely what home health services were being sought. The applicant was apparently admitted to a psych facility in June 2013 owing to suicidal ideation and eminent risk to self. In a progress note of November 27, 2013, the applicant is described as tearful and anxious. She is status post removal of hardware. Her wound is apparently clean and dry. She is ambulating with the aid of a cane. Her sutures will apparently be removed the following week. The applicant's sutures were removed on December 4, 2013. She was again described as using a cane and had a clean and dry incision at that point in time. The applicant was asked to attend physical therapy shortly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A HOME HEALTH AIDE (THREE DAYS FOR WEEKS, FOUR HOURS A DAY, FOR TWO WEEKS):** Upheld

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

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

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services which are specifically not covered as stand-alone services include home maker services such as cooking, cleaning, assistance with activities of daily living, etc. In this case, there is no indication or evidence that the applicant requires any medically needed services such as wound care, IV fluid infusion, etc. It is further noted that the attending provider appears to have requested the home health services largely at the insistence of the applicant. Again, homemaker services such as the services seemingly being sought here are specifically not covered as stand-alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.