

<b>Case Number:</b>	CM14-0006343		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 patient is a 49-year-old female who has submitted a claim for lumbar spine sprain and strain with multi-level degenerative disc disease, spondylosis and facet osteoarthropathy status post lumbar spine surgery September 26, 2013; cervical spine sprain and strain with bilateral upper extremity radiculitis, 3-4mm disc protrusion at C4-C6 levels with impingement of the bilateral C5 and C6 nerve root; and right knee contusion and sprain with Grade 1 signal medial meniscus associated with an industrial injury date of July 23, 2008. Medical records from 2011-2014 were reviewed. The patient complained of chronic low back pain. The pain radiates to the right hip and knee. The pain was aggravated with prolonged sitting. Physical examination showed lumbar paraspinal tenderness. There was limited range of motion of the lumbar spine. The postoperative lumbar surgery incision was well-healed. There was guarded gait with forward bending of the trunk. MRI of the lumbar spine, dated January 7, 2013 revealed at L4-L5 spinal canal and neural foraminal stenosis caused by disc osteophytes, degenerative facet enlargement and thickening of the ligamentum flavum; and at L3-L4 mild spinal canal and neural foraminal stenosis caused by disc osteophytes, degenerative facet enlargement and thickening of the ligamentum flavum. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, lumbar epidural steroid injections, and lumbar spine surgery. Utilization review, dated January 9, 2014, denied the request for continued home health assistance three days a week, four hours a day because there was no objective documentation indicating the medical necessity of home health assistance. A supplemental report, dated February 18, 2014, stated that there was continued decreased range of motion as well as muscular pain and tenderness in the lower back. In addition, it was also stated that providing the patient with assistance to safely perform her activities of daily living would aid in hastening her recovery.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CONTINUED HOME HEALTH ASSISTANCE (3) DAYS A WEEK, (4) HOURS A DAY:**  
Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines page 51 state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, home health aide (HHA) was provided to the patient since October 2013. The rationale given for this service was to aid the patient with her activities of daily living as well as assist in her home exercise program and physical therapy essential in helping her recover from her lumbar spine surgery. There was documentation regarding the previous home health assistance visits. A supplemental report dated February 18, 2013 stated that the patient was unable to bend forward and still complained of difficulty standing up from the toilet as well as inability to stand for prolonged period of time to cook, grocery shop or shower. She also has difficulty dressing and grooming. The medical necessity has been established. However, the present request failed to specify the duration of home health assistance. Therefore, the request for continued home health assistance (3) days a week, (4) hours a day is not medically necessary.