

<b>Case Number:</b>	CM14-0009414		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery, 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 57 year old female whose date of injury is 06/27/2008. The mechanism of injury is not described. The injured worker has been treated for cervical complaints since that time. CT of the cervical spine dated 06/30/2011 revealed normal cervical lordosis; no fractures or subluxations. The paraspinal soft tissues are unremarkable. There appear to be small posterior disc bulges at C3-4 and C5-6. MRI of the cervical spine dated 11/05/13 revealed stable multilevel moderate to severe degenerative disc disease throughout the cervical spine. There is mild mass effect on the ventral aspect of the cord at C3-4, C4-5 and C5-6 without abnormal signal. Handwritten note dated 01/08/14 indicates that cervical fusion surgery was scheduled for 01/15/14, but was postponed until 02/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE 4HR DAY X 3 DAYS A WK X 6 WEEKS FOR C SPINE:**

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES

Page(s): 51.

**Decision rationale:** Based on the clinical information provided, the request for home health care 4 hours day x 3 days a week x 6 weeks for cervical spine is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CA MTUS) guidelines support home health services for injured workers who are homebound on a part-time or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part-time or intermittent basis. There is no current physical examination/nursing assessment submitted for review. The medical treatment to be provided by home health provider is not documented. The request is not medically necessary and appropriate.