

<b>Case Number:</b>	CM14-0100932		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis with stroke; and blood pressure lowering medications. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for home health care, approved a request for Zestoretic, and partially certified request for blood testing every six months as one time blood testing. The applicant's attorney subsequently appealed. In a hand written April 20, 2014 progress note, the applicant reported complaints of headaches, neck pain, and hypertension. The applicant was given a refill of Zestoretic. The applicant was asked to follow up with neurology. Overall documentation was sparse. The applicant stated that she had difficulty taking care of herself. Home care was therefore requested. The applicant's work status was not furnished. In an earlier note dated July 18, 2013, the applicant's neurologic status was described as unchanged. The applicant's blood pressure was reportedly controlled at 120/70. Zestoretic was renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care (HHC) Unspecified Frequency and Duration.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter;  
<http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

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

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical care to applicants who are homebound or bedbound. In this case, however, the documentation on file does not establish that the applicant is, in fact, homebound or bedbound. It is not clearly stated why the applicant cannot receive medical services on an outpatient basis. It is further noted that page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that assistance with activities of daily living such as cooking, cleaning, homemaker services, i.e., the services being sought here, are specifically not covered when they are sought or stand-alone services. In this case, it does appear, based on the admittedly limited information on file, the attending provider is, in fact, seeking home health services for the purpose of assistance with activities of daily living. This is not a covered service, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Blood Work Every Six (6) months:** 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 NSAIDs, Specific Drug List and Adverse Effects topic. Page(s): 70.

**Decision rationale:** While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support periodic laboratory testing comprising of a CBC and chemistry profile in applicants using NSAIDs, in this case, however, the treating provider has not established that the applicant is, in fact, using NSAIDs, on a regular basis. No rationale for biannual laboratory testing was proffered by the attending provider. While intermittent assessment of the applicant's hematologic, renal, and hepatic function is indicated, given the fact that the applicant is hypertensive, the attending provider has not outlined a specific rationale for testing at a biannual interval in any of the handwritten progress notes provided. Therefore, the request is not medically necessary.