

<b>Case Number:</b>	CM14-0104663		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 44-year-old female who reported an injury on 03/22/2006 caused by an unspecified mechanism. The injured worker's treatment history included medications, SI joint injections, and a spinal cord stimulator trial. The injured worker was evaluated on 06/02/2014 and it was documented that the injured worker was being seen for a follow-up status post spinal cord stimulator trial on 05/27/2014, as well as for medication refills. The injured worker reported she had at least a 50% reduction pain during the past few trial days. She stated that there was some "dull achy pain in the low back, but the burning nerve pain has improved by 80%." She was able to sleep at night for prolonged periods without waking up from pain, as well as increased tolerance to sitting more than 5 minutes and standing. She was status post bilateral SI joint injection, from 13 months ago, from which she received 90% improvement from the pain, but the relief lasted 3 to 4 days. The injured worker sustained a significant of trauma to her sacrum 3 years ago when she sustained a fracture and subsequent cauda equina that required hardware with fusion due to an industrial injury. Medications included Norco 10/325 mg and Nucynta 75 mg. Physical examination of the back revealed tenderness to palpation over lumbosacral spine, significantly more tenderness to the sacral spinal region, 4+ bilateral SI joint tenderness, and pain with flexion and extension. Diagnoses included lumbago, overweight, celiac disease, sacroiliitis, chronic pain syndrome, and perirectal/anal and vulva pain, neuropathic, unknown etiology. The injured worker was involved in a front passenger motor vehicle accident where she sustained fractures to her sacrum, left hip acetabulum, right lateral meniscus and ACL tear, mandibular fracture, right thumb tendon injury. Request for authorization dated 06/10/2014 was for 18 home healthcare units, 8 hours per day, 3 days a week for 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Home Health Care Units, 8 hours per day, 3 days a week for 6 weeks:** 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:** The request for 18 Home Health Care Units, 8 hours per day, 3 days a week for 6 weeks is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, 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. The documents provided on 06/02/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no indication the injured worker was post-op from surgery. Given the above, the request for 18 home health care units, 8 hours per day, 3 days a week for 6 weeks is not medically necessary.