

<b>Case Number:</b>	CM14-0104877		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury due to a slip and fall on 12/15/1999. On 06/26/2014, her diagnoses included cervical sprain with mild left and moderate right neural foraminal narrowing at C5-6, per MRI on 11/16/2011; left shoulder sprain/impingement syndrome; central and moderate to severe left lateral stenosis and compression of the thecal sac, with severe left foraminal narrowing at L4-5 and L5-S1, per MRI of 07/31/2013, status post anterior lumbar interbody fusion L4-5 on 06/14/2010, status post redo posterior decompression L5-S1 on 06/11/2007; left tibia and fibula fractures due to a fall secondary to sharp lumbar left lower extremity pain, rule out complex regional pain syndrome, traumatic chondromalacia of the left knee, fracture of the right distal fibula secondary to lumbar complaints and gait alteration, painful callus of the left metatarsal and moderate to severe carpal tunnel syndrome on the left, per EMG/NCS on 03/09/2012. It was noted that she underwent a lumbar spine sympathetic block on 06/09/2014, and noted an 80% relief of her back and left leg pain. She also reported having less stiffness and tightness. She was able to tolerate longer periods of standing, sitting, and walking. She had increasing left shoulder pain of unknown etiology and bilateral wrist pain, which remained unchanged since her previous visit. The discussion noted that she was quite debilitated and at great dysfunction in her activities of daily living. She required assistance with cooking, cleaning, dressing, and household chores. This was the rationale for the request for home health care. A Request for Authorization dated 06/18/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 24 hours a day 7 days a week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144, 05-06-11), Chapter 7-Home Health Services; Section 50.2 (Home Health Aide Services).

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

**Decision rationale:** The request for home health care 24 hours a day, 7 days a week for 6 weeks, is not medically necessary. The California MTUS Guidelines recommend home health services only 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 rationale stated that this worker needed help with those duties that were contraindicated in the guidelines. The guidelines do not support the request for home healthcare. Additionally, the request for home health care 24 hours a day 7 days a week exceeds the recommendations in the guidelines for a maximum of 35 hours per week. Therefore, this request for home health care 24 hours a day, 7 days a week for 6 weeks, is not medically necessary.

**IV (Intravenous) Therapy: 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 Intravenous regional sympathetic blocks (for RSD/CRPS, nerve blocks) Page(s): 55-56.

**Decision rationale:** The request for IV (intravenous) therapy is not medically necessary. Per the California MTUS Guidelines, intravenous regional sympathetic blocks for RSD/CRPS is not recommended. IV regional blocks, also known as Bier blocks, are not commonly done for RSD/CRPS. Although there is very limited scientific evidence to support this treatment, it is recommended as an option in certain cases when there are no other alternatives. When the procedure is performed, it must be done in conjunction with a rehabilitation program. There is no role for intravenous regional sympathetic blocks for the diagnosis of RSD/CRPS. The guidelines do not support this request for intravenous therapy. Therefore, this request for intravenous therapy is not medically necessary.