

<b>Case Number:</b>	CM14-0014948		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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 53-year-old female with an injury reported on 11/29/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 07/23/2013 reported that the injured worker complained of constant pain in the mid and low back with strong spasms in the lower extremities. It was noted the injured worker was unable to move her legs due to spasms. The clinical note dated 07/01/2013 indicated the injured worker required assistance to transfer, position, do laundry, dress, bathe, complete housework, shop, and prepare meals. The injured worker's prescribed medications included Oxycodone, Baclofen, Gabapentin, and Lorazepam. The injured worker's diagnoses included T12 paraplegia secondary to T12 compression fracture; leg spasticity; lumbar stenosis secondary to L4-5 and L5-S1 disc protrusion; and facet and ligamentum flavum hypertrophy. The provider requested a home health aide for 8 hours a day 7 days a week for 12 weeks and a registered nurse evaluation; the rationale for the requests was not provided. The injured worker's prior treatments included 6 Botox injections, and Baclofen injections. The Request for Authorization was submitted on 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AID (8) HOURS/DAY, (7) DAYS FOR (12) WEEKS AND A RN EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for home health aide 8 hours/day, 7 days for 12 weeks and a registered nurse evaluation is non-certified. The injured worker complained of constant pain in the mid and low back with strong spasms in the lower extremities. It was also noted the injured worker had difficulty moving her legs due to these severe spasms. It was reported the injured worker receives home health care and is assisted with transfers, positioning, laundry, dressing, bathing, housework, shopping, and meal preparation. The California MTUS Guidelines recommend home health services 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. It was noted that the injured worker has difficulty moving her legs due to the severe spasms. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided in order to demonstrate significant functional deficits rendering the injured worker unable to leave her home to receive care. Moreover, per the guidelines, homemaking services like shopping and cleaning are not included as medical treatments. There was a lack of clinical information indicating the injured worker's need for skilled medical treatment. The provider did not include detailed documentation indicating the specific medical treatment the injured worker would require in their home. Furthermore, the request for home health care services for 8 hours per day times 7 days a week exceeds the guideline recommendation of 35 hours per week. Thus, the request is not medically necessary.