

<b>Case Number:</b>	CM14-0114141		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 48 year old female whose date of injury is 11/22/2013. The mechanism of injury is described as pushing a medicine cart when she felt pain. Treatment to date is listed as physical therapy, activity modification and medication management. Progress report dated 07/07/14 indicates that the injured worker complains of intermittent neck pain and constant low back pain with radiation to the bilateral lower extremities. Current medications are listed as Tylenol #4, Prilosec and Anaprox. On physical examination she has wrist extension weakness. She has depressed brachioradialis reflex. She has decreased sensation in the first web space. Her deltoid and triceps are 5/5. Wrist extension is 4/5 on the right. Diagnoses are C5-6 spondylosis rule out herniated nucleus pulposus, right C6 upper extremity radiculopathy, lumbar spine sprain/strain, right lower extremity pain and paresthasias, right shoulder sprain/strain, myeloradiculopathy at right C6, right wrist sprain/strain, cervical radiculitis and radiculopathy and C5-6 central bilateral neural foraminal stenosis. The injured worker has been authorized for anterior cervical decompression and fusion at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Evaluation Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Aid Page(s): 51.

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

**Decision rationale:** Based on the clinical information provided, the request for home health evaluation consultation is not recommended as medically necessary. There is no indication that the injured worker is homebound on a part time or intermittent basis as required by California Medical Treatment Utilization Schedule guidelines for home health services. There is no clear rationale provided to support the request at this time. Therefore, medical necessity is not established.