

<b>Case Number:</b>	CM14-0132328		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/16/2002
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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:

Injured worker is a female with date of injury 6/16/2002. Per primary treating physician's progress report dated 7/9/2014, the injured worker continues to complain of low back pain with radicular symptoms to the bilateral lower extremities that are increased with prolonged sitting, standing, bending and stooping and decreased with rest medication use and home exercise program. Pain is rated at 6/10, and described as severe, constant, dull, sharp, weakness (bilateral) and ache. Examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature and lumbosacral junction with muscle guarding and spasms. Straight leg raising test elicits increased low back pain. Kemp's test is positive. Range of motion of the lumbar spine is measured as follows: flexion is 35 degrees, extension is 15 degrees, right side bending is 17 degrees, and left side bending is 18 degrees. Diagnoses include 1) lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, slight facet changes at L4-L5 and L5-S1 and mild degenerative changes per x-ray dated 8/26/2013 2) multilevel disc degeneration with posterio annular fissure/mild to moderate facet degenerative joint disease at L4-L5 and L5-S1 and small right sided ligamentum flavum cyst at L3-L4 per MRI scan dated 9/21/2013 3) left temporomandibular joint complaints 4) psychiatric complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 4 hours per day 5 days a week: 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 Home Health Services section Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 injured worker was injured over 12 years ago. There is no indication that this request is to provide for necessary medical treatment. The request for Home health care 4 hours per day 5 days a week is determined to not be medically necessary.