

<b>Case Number:</b>	CM14-0152959		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/05/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old female who has submitted a claim for lumbar post laminectomy, lower limb/thoracic/lumbar radiculopathy and lumbar stenosis, associated with an industrial injury date of November 15, 2001. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder, upper back, and low back pain radiating to the bilateral legs. Pain was rated 6/10 on pain pump medications, and 10/10 without medications. Pump medication provides her increased ADL function. Physical examination showed a slow, antalgic gait with assistance of cane; moderate kyphosis and severe scoliosis of the upper back; low back paraspinal atrophy; limitation of motion of the spine; tenderness over the paravertebral muscles with spasm. The diagnoses were lumbar post laminectomy; lower limb/thoracic/lumbar radiculopathy; lumbar stenosis; compression fracture; scoliosis; muscle spasm; and winged scapula. Treatment to date has included oral and topical analgesics, muscle relaxants, low back surgery, and physical therapy. Utilization review from March 17, 2014 denied the request for in-home care assistance 4 hrs/day 2 x per week x 12 mos. The requested home health care is for light housework and activities of daily living, which are not supported by evidence-based guideline. Additionally, multiple functional improvements have been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-home care assistance 4 hrs./ day 2 x per week x 12 mos.:** 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:** Page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that home health services are recommended 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. In this case, ADL limitations were reported. However, recent progress notes did not elaborate on the patient's current functional status, restrictions, and abilities. There was no objective evidence that patient has significant impairment or functional limitation that inhibit herself from performing activities of daily living independently. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for In-home care assistance 4 hrs./ day 2 x per week x 12 mos. is not medically necessary.