

<b>Case Number:</b>	CM14-0175383		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 patient is a 34 year old male with an injury date of 08/21/09. The 09/23/14 progress report states that the patient presents with bilateral lower back pain, right greater than left, with bilateral lower extremities paraesthesia. There is lower extremity cramping and symptoms of restless leg syndrome. Cervical examination shows tenderness to palpation over the paraspinal musculature from C3 to C7 with tenderness and tightness across bilateral trapezii. The right shoulder is tender to palpation diffusely and all range of motion restricted by guarding and soreness with palpable crepitus. The 09/30/14 operative report for L5 completed laminectomy and complete facetectomy with bilateral L5-S1 foraminotomies; partial S1 laminectomy; L5-S1 posterior later fusion gives the following post-operative diagnoses: L5-S1 spondylolisthesis with L5 spondylolysis and severe foraminal stenosis with instability. No diagnoses are included in the 09/23/14 report. The patient's diagnoses from 04/17/14 include: Pain in joint involving shoulder Low back pain Brachial neuritis or radiculitis Neck pain Anxiety Medications are listed as Norco and Valium. The utilization review being challenged is dated 10/17/14. The rationale is that there is no evidence the patient is/will be homebound on a part time or intermittent basis. Reports were provided from 12/18/12 to 10/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Assistance (Hours) Qty: 120: Upheld**

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

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

**Decision rationale:** The patient presents with lower back pain and lower extremity pain prior to 09/30/14 back surgery. The treater requests for home health assistance (hours) Qty: 120. MTUS guidelines page 51 states, Home health services: "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. (CMS, 2004)." The reports provided show a telephone encounter by the patient on 10/13/14 which states the patient, "...wants to extend his caretaker for another month. The care ends this Saturday." The 10/15/14 request for authorization states, "Home assistance 3-4 hrs a day, 7 days a week for 30 days." The 09/12/14 RFA states, "Home assistance 3 to 4 hrs per day 5-7 days a week spinal Fusions scheduled on 09/30/14." The patient discharge instructions of 10/04/14 states the patient is discharged to home in good condition with no mention of home health care. The patient is post-operative 09/30/14 L5-S1 laminectomy and posteriolateral fusion with instrumentation. In this case, it appears the patient has already received some post-operative home care and there is a request to extend it. There is no discussion in the reports provided following the patient's discharge. The treater does not discuss the request regarding the services to be provided to the patient or the need for additional home care beyond the initial period. From the reports provided and the utilization review of 10/17/14, it appears it is the 10/15/14 RFA that is to be considered. In this case, the treater does not explain why home care is needed other than to extend it for one more month following lumbar fusion surgery. There is no discussion regarding social situation and why the patient is unable to care for himself. There are not specific neurologic deficits documented compromising the patient's ability to use arms and legs. The request is not medically necessary and appropriate.