

<b>Case Number:</b>	CM14-0180145		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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:

According to the records made available for review, this is a 41-year-old male with a 2/14/08 date of injury. At the time (10/3/14) of the Decision for Home health aide (no specific time requested) body part: spine lumbar, there is documentation of subjective (low back pain radiating to right thigh) and objective (decreased lumbar spine range of motion, positive right straight leg raising test, 4/5 strength of knee flexors and extensors, decreased light touch sensation over the medial calf, and tenderness over the sacroiliac joint) findings, current diagnoses (thoracic or lumbosacral neuritis or radiculitis not otherwise specified and chronic pain syndrome), and treatment to date (medications). There is no documentation that the injured worker requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the injured worker is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide (no specific time requested) Body Part: Spine Lumbar: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis or radiculitis not otherwise specified and chronic pain syndrome. However, there is no documentation that the injured worker requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the injured worker is homebound on a part-time or intermittent basis. In addition, there is no documentation of amount of time of needed home health aide. Therefore, based on guidelines and a review of the evidence, the request for Home Health Aide (no specific time requested) Body Part: Spine Lumbar is not medically necessary.