

<b>Case Number:</b>	CM14-0022524		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/10/2003
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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:

The applicant has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of October 10, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; unspecified amounts of acupuncture; and a home health aide. In a utilization review report dated February 11, 2014, the claims administrator denied a request for home health aide and denied a request for 12 sessions of acupuncture. Despite the fact that the MTUS addressed the request for Home Health services, the claims administrator cited Medicare Guidelines in his decision to deny the proposed Home Health services. The claims administrator also stated that the applicant had had earlier acupuncture in 2010. The claims administrator, it is further noted, employed ODG Guidelines in his decision to deny acupuncture as opposed to MTUS Acupuncture Guidelines. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2013, the attending provider stated that the applicant was a former gardener. The applicant needed home health aide to help her perform cooking and cleaning around the house, it was stated. It was stated that the applicant was having difficulty owing to pain complaints. The applicant stated that her husband was sick and could not help her to perform activities of daily living at home, such as cooking and cleaning. It was stated that home health aide should be provided to help the applicant cook, clean, and care for herself. An additional 12 sessions of acupuncture were sought for pain control purpose on the grounds that earlier acupuncture had been successful. The applicant's work status was not detailed; however, it did not appear that the applicant had returned to work. In a psychology progress note dated October 3, 2013, the applicant was placed off of work, on total temporary disability, from a mental health standpoint.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **40 DAYS OF HOME AID CARE FOR 4 HOURS A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 114, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services).

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

**Decision rationale:** No, the request for a home health aide/home aide care is not medically necessary, medically appropriate, or indicated here. The attending provider states that he intends further home health aide to facilitate performance of chores around the home, activities of daily living, cooking, cleaning, etc. However, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines states that such services are specifically not covered when they are the only care being sought. In this case, there is no evidence that the applicant is receiving any other form of medical care. Therefore, the request for a home aide to facilitate performance of activities of daily living such as cooking, cleaning, and household chores is not medically necessary.

### **12 ACUPUNCTURE SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for 12 sessions of acupuncture is likewise not medically necessary, medically appropriate, or indicated here. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence of functional improvement as defined in section 9792.20f. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including psychological counseling. It does not appear that the earlier acupuncture has been materially successful in terms of the functional improvement parameters defined in section 9792.20f. Therefore, the request for 12 sessions of acupuncture is not medically necessary.