

<b>Case Number:</b>	CM14-0035800		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/26/1998
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of April 23, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; an intrathecal pain pump; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 11, 2014, the claims administrator partially certified a request for home health services in a tapering fashion and approved CT scans of the thoracic and lumbar spines. Despite the fact that the MTUS addressed the topics at hand, the claims administrator nevertheless cited ODG's chronic pain chapter and ODG's low back guidelines. In its disclaimer, however, the claims administrator then somewhat incongruously stated that it was adhering to the MTUS Guidelines and the MTUS hierarchy of evidence. It was stated that the applicant was not homebound. The applicant's subsequently appealed. A November 13, 2013 progress note was notable for comments that the applicant was having issues with chronic low back pain, leg pain, and panic attacks. The applicant's quality of life was significantly debilitated, it was stated. The applicant has lower extremity edema for which she is using a sequential compression device.

The applicant was visiting the emergency department intermittently for complaints of pain status post failed back surgery. The applicant was using OxyContin, Dilaudid, Dilantin, Cymbalta, Neurontin, Colace, Abilify, lactulose, magnesium, and Zocor. A spinal cord stimulator were apparently endorsed. The applicant apparently later underwent a spinal cord stimulator trial. On October 1, 2013, the applicant underwent debridement of a right lower extremity callus. On October 28, 2013, the applicant underwent an epidural steroid injection. In a July 3, 2013 pain management note, it was stated that the applicant was having a caretaker helper to assist with activities of daily living and that a home health nurse was apparently providing the applicant

with IV antibiotics. It was stated that the caregiver was helping the applicant to bathe and dress herself. On September 5, 2013, it was stated that the applicant was receiving a home health aide to help her with bathing and cleaning three to four days a week. It was stated that the applicant had been receiving the service for years.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continuation for Home Health Aide, seven (7) days a week for five (5) hours a day until 4/30/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Pain: Home Health Services.

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

**Decision rationale:** Based on the information available, it appears that this request is a request for stand-alone homemaker services, to facilitate the applicant's bathing, cleaning, cooking, and performing other non-medical activities of daily living. Such services are specifically not covered when this is the only care being sought, it is noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, it does appear that services are being as stand-alone service. While the applicant did receive IV antibiotics at an earlier point in mid 2013, there was/is no evidence that the applicant was/is receiving any other concurrently medical services as of the date of the Utilization Review Report. Therefore, the request for home health aide to facilitate performance of non-medical activities of daily living including cooking, cleaning, and other caretaker services is not medically necessary.