

<b>Case Number:</b>	CM14-0044629		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Internal Medicine and Pulmonary Disease 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 injured worker is a 65-year-old male who reported an injury on 10/12/2005. The mechanism of injury was noted to be orthopedic problems related to work as a material handler/forklift operator. The injured workers diagnosis was chronic low back pain. Prior treatment has consisted of medications. The injured worker was seen for a clinical evaluation on 04/11/2014. He had complaints of low back pain with radiating pain to the bilateral legs. Pain increases with bending, stooping, pushing, pulling, and standing. The objective findings were pain in the lumbar spine with palpation, spasms and guarding noted. The injured worker had a positive straight leg raise. Medications were noted to be Norco and Ativan. The provider's rationale for the request was noted in the progress report. The Request for Authorization was provided within the review and dated 04/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance 2 hours per day, 7 days a week for 6 weeks:** 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:** California MTUS Chronic Pain Medical Treatment Guidelines recommend home health service only for otherwise recommended medical treatment for patients who are homebound, 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 restroom when this is the only care needed. The clinical documentation does not provide enough objective data to determine the medical treatment the injured worker needs within the home. Therefore, the request for home care assistance 2 hours per day, 7 days a week for 6 weeks is not medically necessary.