

<b>Case Number:</b>	CM14-0059391		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 45-year-old male with a November 8, 2008 date of injury. The mechanism of injury was when he fell off a ramp and injured his low back. According to a progress report dated March 21, 2014, the patient was seen for a post-operative visit. He was 4 weeks status post anterior lumbar interbody fusion at L4-5. The patient was doing well and ambulating with a walker. He was taking only Tramadol for pain. Objective findings: deep tendon reflexes are equal and symmetric at the knees and ankles, motor strength is 5/5 in all muscle groups of the bilateral lower extremities, mild straight leg raise on the left at 75 degrees. Diagnostic impression: status post anterior lumbar interbody fusion at L4-5. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated April 4, 2014 denied the request for special service/procedure/report. This request is for 6 home health aide visits for the lumbar spine. Any significant functional deficits that would require home health aide visits were not specified in the records provided. Any documented evidence that the patient is totally homebound or bedridden was not specified in the records provided. In addition, the patient has had home PT/RN visits for this injury. The notes of the services performed during these visits and their outcome, were not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Special Service/Procedure/Report:** 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 9792.24.2 Home Health Services Page(s): 51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that home health services are 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. According to an RFA dated March 21, 2014, this is a request for home health aid. The request is for home health aid to help him with his activities of daily living, three times a week for two weeks. There is no documentation that the patient is homebound. In fact, it is noted that the patient is ambulating with a walker and doing well post-op anterior lumbar interbody fusion at L4-5. Furthermore, there is no documentation that home health aid is intended for medical treatment. Guidelines do not support home health aides for homemaker services like shopping, cleaning, and laundry and personal care such as bathing, dressing, and using the bathroom. Therefore, the request for Special Service/Procedure/Report is not medically necessary or appropriate.