

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0061642 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 12/21/1994 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 04/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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 patient is 62-year-old female who has submitted a claim for cervical post-laminectomy syndrome, lumbar post-laminectomy syndrome associated from an industrial injury date of December 21, 1994. Medical records from 2012-2014 were reviewed, the latest of which dated April 8, 2014 revealed that the patient continues to complain of debilitating pain in her neck radiating into both upper extremities along with associated cervicogenic headaches. The pain is rated 8/10. She continues to complain of chronic and debilitating low back pain which radiate down to both lower extremities. The pain is rate 8/10. The pain is aggravated by any type of bending, twisting, and turning. Due to her significant functional limitation, the patient remains a high-fall risk and needs assistance with bathing and dressing, as well as performing simple chores around her house including cooking, cleaning and doing laundry. On physical examination, the patient is in obvious distress. She continues to have an antalgic gait favoring the right lower extremity. There is tenderness noted in the cervical musculature with increased muscle tone, especially in the medial scapular region. The grip strength is weak bilaterally. There is decreased sensation along the posterolateral arm and lateral forearm bilaterally. There is significant tenderness along the posterior thoracic musculature with increased muscle rigidity. There is significant tenderness along the posterior lumbar musculature, especially around the mid-level lumbar region. There are numerous trigger points throughout the lumbar paraspinal muscles. Range of motion of the spine is significantly decreased in all planes. Sensory are slightly decreased along the bilateral posterolateral thighs and calves. Treatment to date has included spinal cord stimulator implantation (9/13/12), ACDF C3-4, C4-5, C5-6 and C6-7 (8/28/13), L4-5 and L5-S1 PLIF (2/4/02), posterior fusion at L1, T12-L2, hardware removal L4, L5, S1 (11/13/10), cervical Epidural Steroid Injection (2/14/13), trigger point injections, and medications, which include Percocet, Xanax, Ambien, Topamax, Anaprox, FexMid, Prilosec,

Tramadol, Lidoderm patches and Flector patches. Utilization review from April 8, 2014 the request for Home Health Aid Services 4 hours a day, 5 days a week for 4 weeks was affirmed not medically necessary because of inconsistencies about the patient's overall functional level.

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

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

**Home Health Aid Services 4 hours a day, 5 days a week for 4 weeks.:** Upheld

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

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

**Decision rationale:** As stated in page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. The patient has received Home Health Aid Services for 1 week. She states that it was very beneficial since she does require assistance for safety and ambulation. The current request for Home Health Aid Services is for safety, nutrition, and proper use of medications. The most recent clinical evaluation revealed that the patient continues to require assistance for ambulation and most activities of daily living, including meal preparation, bathing, dressing, as well as medication administration. The request for 5 times a week for 4 weeks is within the guideline recommendation of 35 hours a week. However, guidelines recommend Home Health Aid Services on an intermittent basis only. Therefore, the request for Home Health Aid Services 4 hours a day, 5 days a week for 4 weeks is not medically necessary.