

<b>Case Number:</b>	CM14-0064761		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 injured worker was described as a 57-year-old female with a date of injury of April 28, 2006. The application for independent review was signed on May 6, 2014 there were 78 pages provided for review. There was also a letter from the attorney from May 7, 2014. The request is for an initial home care assistance evaluation, the diagnosis was a brachial neuritis, there was neck pain with radiation to the bilateral upper extremities, low back pain with radiation to both lower extremities and bilateral hand and wrist pain. The patient was reported as depressed and tearful. The gait was slow and the patient uses a cane to walk. The range of motion was limited by pain, and there was tenderness to both hands. She had cervical and lumbar radiculitis, headaches, myositis and myalgia, anxiety, depression, insomnia, vitamin D deficiency, chronic pain, fibromyalgia and was status post spinal cord stimulator implantation for a right upper extremity chronic regional pain syndrome. She has had medicine, activity restrictions, rest, assistive devices for ambulation, immobilization and acupuncture. She had a spinal cord stimulator. EMGs of the lower extremities were normal back in 2009. As of April 8, 2014, she still had neck and low back pain radiating to all extremities. The medicines included Norco, Cymbalta, Lidoderm patch, Lyrica, Tizanidine, and Vitamin D. The current medicines were reportedly helpful. The initial home care assistance evaluation was requested due to ongoing functional limitations and the patient's activities of daily living. There was a September 26, 2013 pain medicine reevaluation. She is status post a work injury on April 28, 2006. She still has low back pain that radiates to both lower extremities. There is also neck pain that radiates to both upper extremities. Acupuncture is helpful. The diagnoses were cervical radiculitis, complex regional pain syndrome of the right upper extremity, complex regional pain syndrome of the left upper extremity, myalgia and myositis, fibromyalgia, headaches, depression, status post spinal

cord stimulator implant, Vitamin D deficiency and severe photophobia. They will try acupuncture and refill the medicines. The medicines were Gabapentin, Vitamin D and Tizanidine. There was finally a pain management reevaluation from June 3, 2014. She reports the use of acupuncture, current, muscle relaxants, sleep aid medicine, and the spinal cord stimulator as being helpful. She also takes Cymbalta, but it continues to cause nausea and vomiting. CT's of the cervical spine and thoracic spine and lumbar spine were reviewed. There was also an MRI of the right shoulder and EMG nerve conduction studies. She will continue on a home exercise program. They will try acupuncture and do laboratory and urine testing. They will renew the opiate medicine, the Cymbalta as well as the Lidoderm 5% patch and the Restone and Tizanidine.

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

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

**Initial home care assistance evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation ACOEM 2nd edition, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

**Decision rationale:** Regarding home health care services, the MTUS evidence-based guidelines recommend home health care services only for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. This claimant appears to need it for non-medical services such as activities of daily living. However, the guidelines specifically note that medical treatment does not include these kinds of services, shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom. When this is, the only care needed. After review of the records and based on the MTUS guidelines for home health services this request is not medically necessary.