

<b>Case Number:</b>	CM14-0074825		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Physical Medicine and Rehabilitation, 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 40-year-old male who reported an injury on 04/10/2012 caused by an unspecified mechanism. The injured worker's treatment history included MRI, EMG/NCV, medications and surgery. The injured worker was evaluated on 07/21/2014, and it was documented that the injured worker complained of low back pain which he rated at 8/10 on the pain scale. He continued to have diffused stabbing pain throughout the low back with numbness, burning, tingling and pins and needles sensation in the left lower extremity and to the left foot. He continued to have difficulty sleeping due to pain. He continued to have cramps in the low back to the bilateral calves, and to the feet while sleeping. There was intermittent swelling in the left knee. The injured worker was not taking any pain medication. Physical examination revealed cervical range of motion was within normal range. There was tenderness to palpation throughout the cervical spine, and isolated circumscribed trigger points at bilateral trapezius with elicited twitch response to the neck. Cervical facet loading maneuvers were negative bilaterally. Sensation, light to touch, right upper extremity was decreased on the right C6, C7 and C8 dermatomes. The range of motion was within normal limits. There was paravertebral muscle tenderness throughout the lumbar spine. Medications included Flexeril 7.5 mg, Mobic 7.5 mg and Cymbalta 30 mg. Diagnoses included status microlumbar decompression left L5-S1, left ankle sprain, multiple herniated nucleus pulposus (HNPs) of the cervical spine, cervical radiculopathy, HNP of the lumbar spine with moderate to severe stenosis, multilevel, and lumbar radiculopathy. The Request for Authorization dated 07/11/2014 was for a home health assistant 2 hours daily and 3 days weekly. The rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health assistant 2 hours daily and 3 days weekly:** 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:** The Chronic Pain Medical Treatment Guidelines only recommends home health services for medical treatment for patients who are home bound, on a part-time or "intermittent" basis, 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 bathroom when this is the only care needed. The documents provided on 07/11/2014 lack documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no rationale given as to why the injured worker is requesting home health care. Given the above, the request is not medically necessary.