

<b>Case Number:</b>	CM14-0089707		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 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 a 35 year old female who was injured on 10/14/2009 while attempting to assist a heavy patient (230 lbs) in taking a bath in the shower and started to fall. The patient tried to get up from a bench in the bath area and then tried to sit back down where she missed the bench and almost fell, the claimant held on to the patient, patient had her hand around the shoulder/neck area of the claimant and the claimant held patient around the waist. The patient did not fall the claimant was able to assist the patient so she would not fall. Prior treatment history has included physical therapy without help, HEP (home exercise program), chiropractic care with no benefit, braces/cast and aquatic therapy that did help. Medications include: Neurontin, Tylenol, Flector patch, Lidoderm patch, Toradol, Savella and Thermacare. Progress note dated 05/09/2014 documents the patient with complaints of ongoing back, lower extremity and neck and upper extremity problems that are persisting. Objective findings on examination reveal paraspinous myofascial pain extending throughout the cervical, thoracic and lumbar region. Diagnosis: 1) Lumbar degenerative disc disease 2) Cervical sprain 3) Thoracic sprain. Treatment Plan: Recommendation was made for HELP Program with the barrier being the provision of childcare to assist her in attending the program. Utilization report dated 05/30/2014 denied the request for child care x5 a week because the request is not considered medical treatment and is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHILD CARE 5X WEEK FOR THE DURATION OF THE PAIN MANAGEMENT PROGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Home health services, page(s): 51 Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): PAIN, home health services.

**Decision rationale:** The ODG and MTUS guidelines do not recognize child care as part of a medical treatment plan. The clinical documents provided did not provide adequate justification for childcare coverage. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.