

<b>Case Number:</b>	CM14-0089945		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/06/2014
<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 Neurology 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 (IW) is a 49-year old female with a reported date of injury of 12/27/2007. There is no documentation provided to report the mechanism of injury. The IW is status post lumbar surgery to include both anterior and posterior inter-body fusion. The IW reports persistent pain in the low back with a subjective report of a 6 to 10 out of 10 on a pain scale (rated 1 to 10 with 10 being the most severe). Her pain treatment has included oral opioid medications and Lyrica. In addition, the IW was undergone a trial of a spinal cord stimulator for pain control. Upon review of the examination notes, the IW has demonstrated a normal Neurological examination. There is no mention of ambulation restrictions or mention of the IW being homebound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 40hrs a week x 1 low back:** 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 Home health services Page(s): 51.

**Decision rationale:** Per the Chronic Pain Medical Treatment guidelines contained within the MTUS, the use of home health services are only recommend for patients who are homebound. In this case, there is no documentation to support the IW is limited by such a restriction, therefore, the need for home health care for 40 hours of care for the low back is not medically necessary.