

<b>Case Number:</b>	CM14-0090508		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 New York. 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 40 year old female with a date of injury on 08/13/2008. She was lifting a heavy steering wheel on to a truck and noted low back pain. On 10/31/2012 she had L4-L5, L5-S1 lumbar fusion with intervertebral cage and instrumentation. On 03/04/2014 a MRI revealed the previous lumbar fusion L4-S1 and L5 laminectomy. There was no evidence of central canal stenosis or foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assisted care 3-4 hours per day for 1 month for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 51.

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

**Decision rationale:** MTUS, Chronic Pain, page 51 Home Health Care notes, "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. 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." There is no documentation that the patient is homebound. There is no documentation of any specific health care service provided. Custodial care assistance with daily living and general home maker services are not a covered recommended treatment. The requested services are not consistent with MTUS guidelines.