

<b>Case Number:</b>	CM14-0096895		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of March 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; earlier hip surgery; earlier knee surgery; a spinal cord stimulator implantation; and 256 home health visits, per the claims administrator. In a June 6, 2014, Utilization Review Report, the claims administrator denied a request for home health care infusion services and supplies with nursing and pharmacy staff over the span of 214 days. The claims administrator stated that a Utilization Review Teleconference with the attending provider had led to the conclusion that the home health services were being sought for intrathecal pump refills/intrathecal pain pump infusions on the grounds that it was logistically difficult for the applicant to receive the intrathecal pain pump refills in the office setting. The claims administrator contended that the intrathecal pain pump refills were being requested through Home Health on the grounds that the requesting facility's administration would not allow nursing staff to refill the pain pump on sites. The applicant's attorney subsequently appealed. In a May 20, 2014 progress note, the applicant apparently presented with chronic pain issues. The applicant was using oxycodone for pain relief. The applicant's BMI was 32. The applicant had no obvious motor deficits noted on neurologic exam. Unspecified pain medications were renewed. On March 12, 2014, it was stated that the applicant was walking slowly with a walker. It was stated that the applicant was using an intrathecal pain pump. The attending provider noted that the applicant had a history of prior opioid abuse. It was suggested that the applicant was driving, however, on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care - Infusion Services and supplies with nursing and pharmacy staff as needed 24/7 times 214 days 6/1/14-12/31/14:** 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:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services should be reserved for those applicants who require medical services and who are homebound. In this case, however, the information on file suggested that the applicant is not, in fact, homebound. It appears that the applicant is ambulatory, albeit with the aid of a walker. The applicant does, however, seemingly possess a valid driver's license and is able to convey herself to and from physician office visits of her own accord, it has also been established. It does not appear, thus, that the applicant is in need of home health services to administer intrathecal pain pump related medications. Therefore, the request is not medically necessary.