

<b>Case Number:</b>	CM14-0186006		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

This case is a 44 year old female with a date of injury on 3/22/2006. A review of the medical records indicate that the patient has been undergoing treatment for failed back syndrome, lumbago, sacroilitis, and chronic pain syndrome. Subjective complaints (9/8/2014) improvement in pain with spinal cord stimulator, able to sleep, (10/6/2014) include 5/10 pain with radicular symptoms to lower feet that is aggravated by prolonged activity. Objective findings (9/8/2014, 10/6/2014) include BMI 27, tenderness to palpation too lumbar-sacral spine, pain with flexion/extension, full range of motion of extremities, alert oriented and cognitive function intact. Treatment has included spinal cord stimulator (9/2014), lumbar fusion, SI joint injections, physical therapy, home exercise core program, and multiple medications. A utilization review dated 10/22/2014 non-certified a request for Home Health Care 8 hours per day for 3 days a week for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 8 hours per day for 3 days a week for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

**Decision rationale:** According to MTUS and the ODG Home Health Services section, "Recommended only for otherwise recommended 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." Given the medical records provided, employee does not appear to be "home-bound". The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for Home Health Care 8 hours per day for 3 days a week for the lumbar spine is not medically necessary.