

<b>Case Number:</b>	CM14-0186882		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Psychiatrist (MD), 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:

Injured worker is a 53 year old female with date of injury 5/1/2013. Date of the UR decision was 10/24/2014. She had an industrial related fall in which glass jelly jars fell onto her and struck her head. Per report dated 10/1/2014, the injured worker presented with neck pain going into the scapular region and was experiencing numbness in her both hands. She was diagnosed with cervical strain, Multilevel spondylosis with radiculopathy left upper extremity possibly also right upper extremity, Left shoulder sprain/strain, Left greater than right lateral epicondylitis and upper extremity tendinitis, Bilateral carpal tunnel syndrome, Cervical spondylotic myelopathy with multilevel protrusions maximally at C4-C5 as well as C5-C6, C6-C7 and Status post anterior cervical discectomy and fusion C4-C5, C5-C6 with partial corpectomies release and artificial disc replacement C6-C7. Per Psychiatrist progress report dated 10/15/2014, the injured worker scored 52 on Beck Depression Inventory indicating severe levels of depression; scored 40 on Beck Anxiety Inventory indicating severe levels of anxiety. She suffered from Traumatic Brain injury and post concussive symptoms including Depressive Disorder Not Otherwise Specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping Service for 4 hours , twice a week, to clean , do laundry, prepare meal:**  
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 rationale:** MTUS states "Home health services are recommended only for otherwiserecommended medical treatment for patients who are homebound, on apart-time or "intermittent" basis, generally up to no more than 35hours per week. Medical treatment does not include homemaker serviceslike shopping, cleaning, and laundry, and personal care given by homehealth aides like bathing, dressing, and using the bathroom when thisis the only care needed. (CMS, 2004)"There is no indication in the submitted documentation that the injured worker is homebound. Per guideline recommendations, 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. Thus, the request for Housekeeping Service for 4 hours, twice a week, to clean, do laundry, prepare meal is excessive and not medically necessary.

**Clonidine 0.1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Clonidine.

**Decision rationale:** Per FDA.gov "Clonidine hydrochloride tablets, USP are indicated in the treatment of hypertension. Clonidine hydrochloride tablets, USP may be employed alone or concomitantly with other antihypertensive agents."The use of Clonidine in this case seems to be off label. Thus, the request for Clonidine 0.1mg is not medically necessary.

**Follow-up evaluation on a monthly basis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medicallynecessary. Evaluation and management (E&M) outpatient visits to theoffices of medical doctor(s) play a critical role in the properdiagnosis and return to function of an injured worker, and they shouldbe encouraged. The need for a clinical office visit with a health careprovider is individualized based upon a review of the patientconcerns, signs and symptoms,

clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. "She suffered from Traumatic Brain injury and post concussive symptoms including Depressive Disorder Not Otherwise Specified. The request for Follow-up evaluation on a monthly basis; unspecified number of sessions is not medically necessary.