

<b>Case Number:</b>	CM14-0205658		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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:

Patient is a 51 year-old male with date of injury 10/11/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/11/2014, lists subjective complaints as low back pain with radicular symptoms down the lower right extremity. MRI from January of 2014 was notable for a broad-based disc bulge and high-intensity zone at L4-L5. Objective findings: Examination of the lumbar spine revealed tenderness to palpation centrally at approximately L4-L5. There was weakness within the right anterior tibialis and EHL rated at 4/5. Positive straight leg raise off to the left-hand side and a positive femoral stretch. Diagnosis: 1. Lumbago 2. Lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide (2 times per week, unspecified length of duration):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services.

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.