

<b>Case Number:</b>	CM15-0006046		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/13/1991
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 87-year-old female worker sustained work-related injuries on 12/13/91. The pain medicine re-evaluation lists her diagnoses as lumbar radiculopathy, lumbar facet arthropathy, lumbar disc displacement, chronic pain, other, status post left ankle surgery and left ankle pain. Previous treatments include medications and radiofrequency rhizotomy. The treating provider requests home health services four hours daily, two days per week. Per the doctor's note date 12/3/14 patient had complaints of low back pain that radiates to left lower extremity at 7-8/10. Physical examination of the low back revealed muscle spasm, positive SLR, limited range of motion, decreased sensation and muscle strength. The patient's surgical history include L4-S1 radiofrequency rhizotomy on 10/1/3. The medication list include Lyrica, Neurontin, Celebrex, Elavil, Oxycontin, Prilosec and Vicodin. The patient has had CT scan of abdomen and EMG on 7/30/12 that revealed prior S1 radiculopathy and MRI of the low back revealed disc protrusion and foraminal stenosis. She underwent left ankle surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Services (4 Hrs A Day 2 Days A Week): Upheld**

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

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

**Decision rationale:** Request: Home Health Services (4 Hrs A Day 2 Days A Week) Per the CA MTUS guidelines cited below, regarding home health services '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.' Any documented evidence that she is totally homebound or bedridden is not specified in the records provided. Any medical need for home health medical services like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Home Health Services (4 Hrs A Day 2 Days A Week) is not fully established in this patient.