

<b>Case Number:</b>	CM15-0006240		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/29/2014
<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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 53 year old male sustained an industrial injury on 2/05/08. He subsequently reports back and lower extremity pain. An MRI was performed on 10/27/14. The injured worker was diagnosed with lumbar sprain, lumbosacral neuritis and displacement of lumbar intervertebral disc. Follow-up progress notes were included in the case file. The UR decision dated 12/12/14 non-certified the Continuation of Home Care Assistance 4 H/Day 5 Days/Wk X 6 Wks. The Continuation of Home Care Assistance 4 H/Day 5 Days/Wk X 6 Wks was denied based on CA MTUS Low Back Complaints and Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation Home Care Assistance 4H/Day 5days/Wk x 6Wks: 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 Pain Interventions and Guidelines Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case included cooking, cleaning, and laundry. These services are not covered. The request should not be authorized.