

<b>Case Number:</b>	CM15-0106572		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female who sustained an industrial trip and fall injury on 03/13/2007. The injured worker was diagnosed with cervical radiculopathy, cervical stenosis, status post cervical fusion, status post lumbar surgery, opiate dependency, depression and mood adjustment disorder. The injured worker is status post microdiscectomies at L3-4 L4-5 and L5-S1 (no date documented) and anterior cervical discectomy and fusion of C5-6 on February 26, 2015. Treatment to date includes diagnostic testing, surgery, cervical and lumbar epidural steroid injections, physical therapy, psychological treatment, psychiatric follow-up, cervical brace and medications. According to the latest evaluation by physical therapy on April 29, 2015, the injured worker has anterior and posterior neck pain. The injured worker reports the numbness and tingling has improved since surgery. The injured worker rates her pain level at 5-9/10 and currently at 7/10. Cervical range of motion was decreased with stiffness. Current medications were listed as Norco and Flexeril. There was no significant treating physician examination documented post cervical intervention. Treatment plan consists of the current request for Home Health Care 4 hours per day x 4 weeks and transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 4hrs per day x 4 weeks: Upheld**

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

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

**Decision rationale:** Based on the 02/04/15 progress report provided by treating physician, the patient presents with neck pain, wrist and hand pain with numbness, back pain, leg numbness, and right knee pain. The patient is status post microdiscectomies at L3-4, L4-5 and L5-S1 2000, L5/S1 laminectomy 2006, and anterior cervical discectomy and fusion of C5-6 on 02/26/15. The request is for Home Health Care 4hrs per day x 4 weeks. RFA with the request not provided. Patient's diagnosis on 02/04/15 included cervical and lumbar degenerative disc disease and radiculopathy. Per physical therapy evaluation dated 04/29/15, physical examination to the cervical spine revealed decreased range of motion, especially on extension 5 degrees. Treatment to date includes diagnostic testing, surgery, cervical and lumbar epidural steroid injections, physical therapy, psychological treatment, psychiatric follow-up, cervical brace and medications. Patient's medications include Norco and Ultram. The patient is permanent and stationary since 12/06/12, per 02/04/15 report. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per 04/20/15 report, treater recommended home health aide without providing medical rationale for the request. The patient is status post ACDF on 02/26/15. It appears the request is due to patient's postoperative status. In this case, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Physical therapy evaluation dated 04/29/15 states that there is no gait disturbance. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. Therefore, the request is not medically necessary.

**Transportation:** 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 Knee and leg chapter, Transportation (to & from appointments) AETNA.com has the following guidelines on transportation.

**Decision rationale:** Based on the 02/04/15 progress report provided by treating physician, the patient presents with neck pain, wrist and hand pain with numbness, back pain, leg numbness, and right knee pain. The patient is status post microdiscectomies at L3-4, L4-5 and L5-S1 2000,

L5/S1 laminectomy 2006, and anterior cervical discectomy and fusion of C5-6 on 02/26/15. The request is for Transportation. RFA with the request not provided. Patient's diagnosis on 02/04/15 included cervical and lumbar degenerative disc disease and radiculopathy. Per physical therapy evaluation dated 04/29/15, physical examination to the cervical spine revealed decreased range of motion, especially on extension 5 degrees. Treatment to date includes diagnostic testing, surgery, cervical and lumbar epidural steroid injections, physical therapy, psychological treatment, psychiatric follow-up, cervical brace and medications. Patient's medications include Norco and Ultram. The patient is permanent and stationary since 12/06/12, per 02/04/15 report. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." The patient is status post ACDF on 02/26/15. Per 04/20/15 report, treater recommended transportation services without providing medical rationale for the request. It appears the request is due to patient's postoperative status. Physical therapy evaluation dated 04/29/15 states that there is no gait disturbance. In this case, there is no mention that the patient has disabilities preventing her from self-transport. Treater does not document the patient's social situation, either. It is not clear why a friend or a family member cannot drive the patient to the medical appointments. Furthermore, the medical reports do not indicate nursing home level care. Therefore, the request is not medically necessary.