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| <b>Case Number:</b>   | CM15-0130651 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 03/09/2007 |
| <b>Decision Date:</b> | 08/12/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a (n) 58-year-old male, who sustained an industrial injury on 3/9/07. He reported injury to his neck, lower back and post-traumatic stress disorder related to a motor vehicle accident. The injured worker was diagnosed as having chronic pain. Treatment to date has included psychiatric treatments, a lumbar MRI showing a herniated disc at L3, L4 and L5, a lumbar laminectomy, Morphine and Norco. As of the PR2 dated 6/9/15, the injured worker reports increased swelling of the right leg. He indicated problems with completing activities of daily living and feeling depressed and anxious. He rates his pain an 8-10/10. The treating physician noted that the injured worker is unable to drive. The treating physician requested Home Health aide, 8 hours a day, seven days a week, for twelve weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health aid, 8 hours a day, seven days a week, for twelve 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 services Page(s): 51.

**Decision rationale:** According to MTUS guidelines, home care assistance is "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. In addition, the requested time exceeded the maximum time allowed by the guidelines. Therefore, the request for Home Health aide, 8 hours a day, seven days a week, for twelve weeks is not medically necessary.