

<b>Case Number:</b>	CM15-0132453		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Arizona, 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:

The injured worker is a 41 year old female, who sustained an industrial injury on June 28, 2014, incurring low back and right knee injuries. She was diagnosed with lumbar disc degeneration and stenosis, and lumbar disc herniation. She underwent a lumbar laminectomy with fusion. Treatment included pain medications, muscle relaxants, antianxiety medications, bone stimulator, cortisone injection to the right knee, physical therapy, aqua therapy, facet injections, acupuncture, wheeled walker for ambulation, and work restrictions. Currently, the injured worker complained of persistent severe distal lumbar pain with radiation into the left leg. She underwent a surgical lumbar extension of her previous fusion. The treatment plan that was requested for authorization included a Home Health aide and caregiver three days a week for four hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide/caregiver (3 days/week, 4 hours/day):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services.

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

**Decision rationale:** According to the MTUS guidelines, Home health services are 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. In this case, the claimant has transitioned well after surgery and was able to transfer with a walker. The reason for home health was not specified and did not meet medical necessity as describe above.