

<b>Case Number:</b>	CM15-0139425		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/04/1991
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 81-year-old man sustained an industrial injury on 9/4/1991. The mechanism of injury is not detailed. Diagnoses include lumbar degenerative disc disease, bulging lumbar disc, and cervicgia. Treatment has included oral medications, pain pump, and use of a wheeled walker and wheelchair. Physician notes dated 6/15/2015 show complaints of bilateral lower extremity weakness, low back pain rated 6/10 with radiculitis. Recommendations include refill pain pump, home health service, continue activity as tolerated, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One home health services IHHS (7 days per week, 4 hours per 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, Pain (Acute and Chronic) Medicare Benefits Manual, Chapter 7 - Home Health Services; section 50.02 (Home Health Aide Services).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home health services.

**Decision rationale:** This 81 year old male has complained of neck pain and low back pain since date of injury 9/4/91. He has been treated with medications. The current request is for one home health services IHHS, 7 days per week, 4 hours per day. Per the ODG guidelines cited above, medical documentation is required that demonstrates the patient has a medical condition that necessitates home health services to include objective deficits in function and specific activities that are precluded by these deficits. The available medical records do not contain such documentation. On the basis of the available medical records and per the ODG guidelines cited above, one home health services IHHS, 7 days per week, 4 hours per day, is not indicated as medically necessary.