

<b>Case Number:</b>	CM15-0168917		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/01/2001
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 1, 2001. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for an in-home health evaluation while apparently approving a request for Neurontin. The claims administrator referenced an August 4, 2015 RFA form and an associated July 28, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said July 28, 2015 office visit, the applicant reported ongoing complaints of neck pain status post failed cervical spine surgery with possible pseudoarthrosis present. The applicant stated that she was not able to do daily functions at home, including cooking and cleaning. The applicant's medications were Tylenol #4, Cymbalta, a TENS unit, Zanaflex, and Neurontin. An in-home health evaluation was sought on the grounds that the applicant needed assistance at home in order to help her function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home health evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** No, the request for an in-home health evaluation was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Medical treatment does not include cooking, cleaning, home maker services, etc. Here, the attending provider's July 28, 2015 progress note seemingly suggested that the services being sought in fact represented assistance with cooking, cleaning, and other household chores. Therefore, the request was not medically necessary.