

<b>Case Number:</b>	CM15-0193972		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female, who sustained an industrial-work injury on 7-27-11. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervical radiculopathy, status post hemilaminotomy, foraminotomy, bilateral decompression and right microdiscectomy, and obesity. Treatment to date has included medication, surgery (microdiscectomy L4-5 and L5-S1 with foraminotomies). Currently, the injured worker complains of intermittent moderate neck and low back pain. There is difficulty with ADL's (activities of daily living) with assist by son 1-2 times per week for cleaning. There is also stress and anxiety. Per the primary physician's progress report (PR-2) on 7-24-15, exam noted lumbar spine tenderness, tight hamstrings, decreased sensation to the right L5 distribution, positive right straight leg raise, restricted range of motion due to pain, incision clean and dry. The Request for Authorization requested service to include Home Assistance 4 hours a day 5 days a week. The Utilization Review on 9-4-15 denied the request for Home Assistance 4 hours a day 5 days a week, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Assistance 4 hours a day 5 days a week: Upheld**

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

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

**Decision rationale:** Home Assistance 4 hours a day 5 days a week is not medically necessary. Per CA MTUS page 51 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. (CMS, 2004). The patient does not have a medical condition that denotes the patient is homebound on part-time or full time basis; therefore, the requested service is not medically necessary.