

<b>Case Number:</b>	CM15-0196031		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Physical Medicine & Rehabilitation, 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 56 year old female, who sustained an industrial injury on 04-14-2010. She has reported injury to the neck and low back. The diagnoses have included lumbar spine disc bulging; thoracic spine sprain-strain; musculoligamentous sprain thoracic spine; sprains and strains of lumbar region; severe major depression; and post-traumatic stress disorder. Treatment to date has included medications, diagnostics, walker, acupuncture, TENS (transcutaneous electrical nerve stimulation), chiropractic therapy, psychotherapy, lumbar epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco, Tramadol, Lexapro, Cymbalta, Latuda, Lyrica, Ambien, and Prilosec. A progress report from the treating provider, dated 08-24-2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck, upper back, middle back, and lower back; the pain level has remained unchanged since the last visit; the pain is rated at 4 out of 10 in intensity; the pain occurs intermittently and increases to a 9 out of 10 frequently; she is taking her medications as prescribed and therapy is helping; she is unable to tolerate work activities; she is tolerating her medication, home exercises, psychotherapy, massage; and she has had physical therapy and functional capacity evaluation. Objective documentation included height, weight, and blood pressure. The treatment plan has included the request for home health services for 6 hours per day, 5 days per week, for 2 months. The original utilization review, dated 09-16-2015, non-certified the request for home health services for 6 hours per day, 5 days per week, for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health services for 6hrs per day, 5 days per week, for 2 months: 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): Physical Medicine.

**Decision rationale:** Home health services for 6hrs per day, 5 days per week, for 2 months are not medically necessary per the MTUS Guidelines. The MTUS recommends home health services 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. The documentation is not clear that this patient is homebound and the MTUS does not support over 30 hours per week of home health services therefore this request is not medically necessary.