Case Number:	CM15-0196834		
Date Assigned:	10/12/2015	Date of Injury:	04/23/2013
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female who sustained an industrial injury on 4-23-13. A review of the medical records indicates she is undergoing treatment for lumbar degenerative disc disease with disc-osteophyte complex and herniated nucleus pulposus, impinging on left L4 and left L5 nerve roots, lumbar radiculopathy at bilateral L4 and L5, myospasm and myofascial trigger points, acute left sacroiliitis, depression, fatigue and stress from chronic pain consistent with vitamin B12 deficiency, fibromyalgia, right ankle pain, thoracolumbar scoliosis at L2, irritable bowel syndrome, and adjustment disorder with mixed anxiety and depressed mood. Medical records (8-14-15 to 9-1-15) reveal complaints of back and leg pain. She reports that her back pain radiates into her left hip with "tightness along her spine." She rates the pain "5 out of 10" and describes it as "throbbing, shooting, and aching." The physical exam (8-14-15) reveals a "mildly antalgic gait toward the right." She has difficulty with toe walking secondary to pain. Muscle spasm is palpated in the lumbosacral paraspinous muscle with myofascial trigger points on the left "with twitch response and referral pattern." She also has acute pain noted with palpation over the left sacroiliac joint. Range of motion of the lumbar spine reveals forward flexion to 65 degrees, extension to 15 degrees, lateral flexion 20 degrees bilaterally. Motor strength is noted at "4 out of 5" on the left hip with flexion and "5 out of 5" on the right side. The straight leg raise is positive on the left at 55 degrees. Diminished sensations are noted along the left L4 and L5 distributions. Diagnostic studies have included an MRI of the lumbar spine on 6-29-15, an MRI of the thoracic spine, and a nerve conduction study. Treatment has included physical therapy, a TENS unit, medications, and activity modification. She is not currently (8-

14-15) working. The injured worker expressed that she "can't do light work at home" (9-1-15). The treating provider's recommendations were noted to continue use of a TENS unit, continue medications, and request home health care for 4-8 hours per week. The utilization review (9-10-15) indicates denial of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Health Care, 4-8 hours per 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: The 35 year old patient complains of pain in lower back and right ankle, and has been diagnosed with sprain of ankle, lumbar/lumbosacral disc degeneration, and depressive disorder, as per progress report dated 09/01/15. The request is for 1 home health care, 4-8 hours per week. The RFA for this case is dated 09/01/15, and the patient's date of injury is 04/23/13. Diagnoses, as per progress report dated 08/25/15, included adjustment disorder with mixed anxiety and depressed mood. Diagnoses, as per progress report dated 08/14/15, included lumbar degenerative disc disease, lumbar radiculopathy at bilateral L4 and L5, myospasm and myofascial trigger points, acute sacroiliitis, depression, fatigue, fibromyalgia, right ankle pain, thoracolumbar scollosis at L2, and irritable bowel syndrome. Medications included Wellbutrin, Norco, Xanax, Tizanidine, Colace and Ambien. The patient is off work, as per progress report dated 09/01/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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, some reports are handwritten and difficult to decipher. The request for home healthcare is noted in progress report dated 09/01/15. The treater does not explain the purpose of this request. While MTUS does not consider homemaker services, including cooking, laundry and cleaning, as medial treatments, it allows for no more than 35 hours per week of medical treatment at home with relevant documentation. However, there is no indication that the patient is home bound and suffers from a debilitating condition that prevents her from performing certain activities at home. Additionally, the request does not include a time-frame and the guidelines do not support such open-ended requests. Hence, the request is not medically necessary.