

<b>Case Number:</b>	CM15-0203009		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/04/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Emergency 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 52 year old female, who sustained an industrial injury on 9-4-11. The injured worker was being treated for lumbar myofascial pain and lumbar facet pain. On 8-31-15, the injured worker complains of lower back pain, right sided more than left; significant pain in buttock and hip, difficulty walking and standing and complains of inability to care for herself. Physical exam performed on 8-31-15 revealed slow to stand, pelvic tilt and antalgic gait. Treatment to date has included oral medications including Baclofen 10mg, Hydromorphone, physical therapy, activity modifications, walker for ambulation and home exercise program. The treatment plan included continuation of oral medications and help 4 hours a day for activities of daily living and house cleaning. On 9-9-15 request for 4 hours a day of home health care was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) hours of home health care low back:** 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 requested Four (4) hours of home health care low back, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that 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." The injured worker has lower back pain, right sided more than left; significant pain in buttock and hip, difficulty walking and standing and complains of inability to care for herself. Physical exam performed on 8-31-15 revealed slow to stand, pelvic tilt and antalgic gait. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Four (4) hours of home health care low back is not medically necessary.