

<b>Case Number:</b>	CM15-0203987		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 50-year-old female with a date of industrial injury 4-26-2009. The medical records indicated the injured worker (IW) was treated for failed back surgery syndrome; and cervical spine and trapezial musculoligamentous sprain-strain with upper extremity radiculitis. Most of the documentation was difficult to decipher. In the progress notes (9-8-15), the IW reported low back and bilateral lower extremity pain rated 8 out of 10. Notes on 7-28-15 stated the IW fell at home, due to the right leg "giving out" because of back pain. Her husband provided home care. On examination (9-8-15 notes), the paravertebral muscles were tender to palpation, with guarding and spasms. Straight leg raise was positive bilaterally. Sensation was diminished in the L5-S1 dermatome. Treatments included physical therapy and chiropractic therapy. The IW was not working. The records did not indicate the IW was homebound, but that her spouse was helping her at home. A Request for Authorization dated 9-8-15 was received for home care assistance 6 hours a day for 5 days. The Utilization Review on 10-8-15 non-certified the request for home care assistance 6 hours a day for 5 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance 6 hours a day for 5 days: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Home care assistance six hours per day for five days is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnoses are largely illegible according to the September 8, 2015 and written progress note. Date of injury is April 26, 2009. Request for authorization is October 1, 2015. The documentation indicates the injured worker has failed back surgery syndrome, post lumbar spine surgery times two discectomy and decompression of L5 - S1 and revision of laminectomy, discectomy and decompression of right L5 - S1 nerve root with instrumentation with post-operative development of post-surgical room infection requiring hospitalization for IV antibiotic treatment, debridement procedure with delayed surgical room closure and postoperative residual including right greater than left lower extremity radiculitis. According to the September 8, 2015 progress note, subjective complaints include ongoing low back pain with radicular symptoms radiating to the bilateral lower extremities. There is weakness present. The documentation is otherwise largely illegible. Objectively, there is decreased range of motion, guarding and spasm present. There is positive straight leg raising. There is no quantification of motor weakness. There are no plain radiographs of the lumbar spine. The treatment section of the progress note contains an entry for home care four hours a day five days a week, indefinitely. The request for authorization contains a request for home care assistance six hours a day for five days. There is no documentation the injured worker is homebound. In the absence of homebound status, the injured worker is not eligible for home care services absent compelling clinical facts to support home care services. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation the injured worker is homebound, no clinical rationale for indefinite home care services (according to the progress note entry) and no compelling clinical facts indicating home care services are clinically indicated, Home care assistance six hours per day for five days is not medically necessary.