

<b>Case Number:</b>	CM15-0036868		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/11/1999
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on April 11, 1999. She has reported injury to the neck, and upper back. The diagnoses have included chronic pain syndrome, lumbar or lumbosacral intervertebral disc degeneration, and compression fracture of thoracic vertebra. Treatment to date has included medications, imaging, lumbar back surgery, and thoracic back surgery on 7/19/13. She is currently not working. Currently, the IW complains of continued mid back pain on 2/9/15. She has indicated she is doing fairly well and having a good month. She rates her back pain as 10/10 without medications, and 4/10 with medications. Physical findings revealed are an abnormal gait, use of a 4 wheeled walker for ambulation. Her strength is noted to be 5/5 for thoracic spine region. Range of motion is: flexion to fingertips to mid-thigh, extension 10 degrees, lateral flexion fingertips to upper thigh, rotation 30 degrees. She is noted to have restriction related to muscle spasms in the thoracolumbar area. The medication list include Oxycodone, Xanax, Topamax, Colace, Ambien, Trazodone, Zyprexa and Norco. The patient has had X-ray in 5/2013 that revealed spinal fusion. She has had a urine drug toxicology report on 7/8/14 that was consistent for opioid and inconsistent for benzodiazepines. The patient had received an unspecified hours of the Home health care service for this injury. Other therapy done for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care (hours) QTY: 45.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), on the web, [www.odgtreatment.com](http://www.odgtreatment.com)), home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** Request: Home health care (hours) QTY: 45.00. Per the CA MTUS guidelines cited below, regarding home health services. 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. Her strength is noted to be 5/5 for thoracic spine region. Any significant functional deficits that would require Home health care, 14 hours was not specified in the records provided. Any documented evidence that she is totally homebound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of the home health visits for this injury. Response to these therapies and previous therapy notes are not specified in the records provided. The medical necessity of the request for Home health care (hours) QTY: 45.00 is not fully established in this patient.