

<b>Case Number:</b>	CM15-0042159		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	07/30/2000
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: 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 66-year-old male who reported an injury on 07/30/2000. The injured worker reportedly suffered an injury when a 200 pound inmate fell on top of him. The current diagnoses include lumbar degenerative disc disease, lumbar stenosis, lumbar spondylosis, and lumbar herniated disc with radiculopathy. The injured worker presented on 02/09/2015, for a follow-up evaluation. It was noted that the injured worker was 2 weeks status post L1-4 laminectomy with medial facetectomy and foraminotomy performed on 01/27/2015. The injured worker reported mild back pain, with ongoing numbness in the left lower extremity. The injured worker had a postoperative JP drain intact. Initially, the injured worker went to a skilled nursing facility for ongoing strengthening and had since been discharged home. The current medication regimen includes Dulcolax, omeprazole, Doculace, Norco, and OxyContin. Upon examination, there was ongoing numbness in the left foot, bilateral leg pain, 5/5 motor strength, and intact sensation. Recommendations at that time included outpatient physical therapy. A Request for Authorization form was then submitted on 02/10/2105, for a follow-up visit with the neurosurgeon, as well as home health services for basic housekeeping and assistance with showering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Services (Months QY1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

**Decision rationale:** The California MTUS Guidelines recommend home health services for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis. In this case, there is no indication that this injured worker is home bound and unable to perform activities of daily living. Additionally, the request for home health services to assist with housekeeping, showering, and chopping wood and shopping is not appropriate, as the California MTUS Guidelines indicate medical treatment does not include homemaker services and personal care. Given the above, the request is not medically necessary at this time.