

<b>Case Number:</b>	CM15-0044136		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old male who sustained an industrial injury on 2/14/11. The injured worker reported symptoms in the back. The injured worker was diagnosed as having complex regional pain syndrome left lower extremity, anxiety with depression and chronic low back pain status post spinal cord stimulator placement. Treatments to date have included wheelchair, anti-depressants medications, cognitive behavioral treatments, oral pain medications, opioid patch, crutches, trigger point injections, facet blocks, biofeedback sessions, and knee brace. Currently, the injured worker complains of pain in the mid-back with radiation to bilateral lower extremities and depression. The plan of care was for a personal care assistant and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Personal care assistant 4 hours a day for 3 days a week for 2 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

**Decision rationale:** According to MTUS and ODG Home Health Services section: 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. Given the medical records provided, patient does not appear to be homebound. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as medical treatment, as defined in MTUS. As such, the current request for Personal care assistant 4 hours a day for 3 days a week for 2 months is not medically necessary.