

<b>Case Number:</b>	CM15-0046553		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 sustained an industrial injury on 10/12/2005. He complains of low back pain. Treatment to date includes acupuncture, home exercise program and medications. He presents on 01/30/2015 with complaints of back pain that increases with sitting, standing, bending and stooping activities. Objective findings were decreased range of motion with increase in pain with extension and lateral flexion. Diagnosis included gastrointestinal bleed, depressive disorder, generalized anxiety disorder. Other diagnoses are listed on the handwritten reports however they are difficult to read. The provider requests continued home care 2 hours per day 7 days per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued home care 2 hours/day, 7/days/week for 6 weeks: 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 Home health services Page(s): 51.

**Decision rationale:** According to 01/30/2015 hand written report, this patient presents with 4-5/10 "low back pain that increased with sitting, standing, bending, stooping activities." The current request is Continued home care 2 hours/day, 7/days/week for 6 weeks. The request for authorization is not included in the file for review. The patient's work status is Temporarily Totally Disabled until 6 weeks. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. In this case, the treating physician indicates the request is for "care/clean/ laundry/ meal prep." However, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the requested home health care would not be indicated. The request IS NOT medically necessary.