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| <b>Case Number:</b>   | CM15-0056821 |                              |            |
| <b>Date Assigned:</b> | 04/06/2015   | <b>Date of Injury:</b>       | 10/20/2010 |
| <b>Decision Date:</b> | 05/07/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2015 |

### 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, Hawaii

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 53 year old female who sustained an industrial injury on October 20, 2010. Recent current treatment includes acupuncture therapy. There was no discussion of past surgical interventions. The injured worker was diagnosed with lumbar/lumbosacral degenerative disc disease, sciatica and lumbar spine neuritis or radiculitis. According to the primary treating physician's progress report on January 19, 2015 the injured worker continues to experience lower back and right leg pain and headaches. Examination of the lumbar spine demonstrated decreased range of motion and muscle spasticity at the right lower lumbar area and tenderness over the gluteal musculature. Paresthesias to light touch in the medial and lateral legs bilaterally was documented. Patellar and Achilles tendon reflexes were decreased bilaterally. Sacroiliac (SI) joint compression test and Patrick/Fabre test was positive. Right knee documented positive McMurray's and patellar compression test. There was 2+ pitting edema of the right lower extremity noted. The injured worker ambulates with a front wheel walker. Current medications are listed as Fentanyl Patches, Norco, Gabapentin, Zanaflex, Lyrica and Xanax. Treatment plan consists of medications and the current request for in home supportive services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home supportive services:** Upheld

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

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

**Decision rationale:** The patient presents with diagnoses of lumbar/lumbosacral degenerative disc disease, sciatica and lumber spine neuritis or radiculitis. The injured worker currently complains of lower back pain and right leg pain and headaches. The current request is for "in home supportive services." The treating physician states on 1/19/15 (17B) states, "we are also requesting in-home supportive services for patient to assist with transferring from sitting to standing in times such as bathing as well as any additional cleaning required at home. Due to the patient's industrial injury, she has limited mobility as well as some movement in flexion at the waist lumbar spine." MTUS Guidelines state, "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." In this case, the clinical history provided fails to document that the injured work is or is not homebound, on a part-time or "intermittent" basis. Additionally, the request notes "home supportive services for patient to assist with - any additional cleaning required at home." MTUS Guidelines specifically note that "medical treatment does not include homemakers services like shopping, cleaning." Thus, the current request is not medically necessary and the recommendation is for denial.