

<b>Case Number:</b>	CM15-0057474		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: 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 was a 70 year old male, who sustained an industrial injury, July 2, 2002. The injured worker previously received the following treatments physical therapy and Aleve. The injured worker was diagnosed with cervical sprain multilevel spondylosis, lumbar spine strain/sprain with multilevel osteoarthritis, multilevel degenerative disc disease, lumbar anterolisthesis of L3-L4 and L4-L5, L4-L5 disc protrusion and stenosis. According to progress note of February 10, 2015, the injured workers chief complaint was continued low back pain and stiffness that increases with activity and weather. The injured worker rated the pain 6-7 with pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness of the cervical spine at the paraspinal and trapezius muscles. There was tenderness of the paraspinal muscles of the lumbar spine with mild spasms. The low back pain increased with extension and straight leg testing. The treatment plan included home care assistance of 4 hours per day 3 days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance for 4 hours per day 3 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. Exam indicated tenderness and decreased range; however, has no clear neurological deficits. The Home care assistance for 4 hours per day 3 days a week is not medically necessary and appropriate.