

<b>Case Number:</b>	CM14-0116207		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51 year old female claimant sustained a work injury on 6/19/14 involving the low back and shoulder. She was diagnosed with lumbar radiculitis and underwent a laminectomy. She developed post-laminectomy syndrome, left shoulder impingement and depression. She had used oral analgesics for pain and a spinal cord stimulator. A progress note on 6/13/14 indicated the claimant had increasing back pain radiating to the legs. Exam was notable for an antalgic gait and left leg weakness. The treating physician requested home health 3 hours/day for 3 days/week for bathing, dressing, meals and shopping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Assistance for 3 hours per day x3 days a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

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

**Decision rationale:** According to the MTUS guidelines, home health is 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. Based on the guidelines, the providers request for non-recommended services request is not medically necessary.