

<b>Case Number:</b>	CM14-0142950		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Occupational Medicine 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:

The patient is a 45-year-old female who has submitted a claim for cervical spine sprain/strain syndrome associated with an industrial injury date of March 5, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of pain in the neck and shoulders radiating to the forearm, hand, and fingers on the right side. Pain was rated 8-9/10. There was tingling and pain up and down the bilateral sides of her body. Occasional headaches are noted. The patient reports inability to bathe/shower secondary to pain and immobility, and inability to perform any activities of daily living (ADLs) or working. She also has frequent falls for which she has a home nurse 8 hours/day x 5 days for safety. Patient had several episodes of fall few months ago and injured her bilateral knees, face, arm, right upper extremity and low back. Examination of the cervical spine showed tenderness over the paraspinal muscles; limitation of motion; sensitivity to light touch of the right side of the head; and skin pigmentation on the face/forehead, hands and arms. Other physical examination findings include stiffness and weakness of the left side of the body; left foot sole numbness; right black eye, currently healing; right cheek edema and bruising, currently healing; bilateral knees sprain/strain and contusion; and low back bruising. The diagnoses were cervical spine sprain/strain syndrome; cervical radiculopathy; cervical spine trauma secondary to cervical Epidural Steroid Injection (ESI); cervical arthropathy C0-C1 and C1-C2, right side; occipital neuralgia; post concussion syndrome; chronic fatigue syndrome; and lumbar spine sprain/strain syndrome. Treatment to date has included oral and topical analgesics, muscle relaxants, right distal tibia/fibula open reduction and internal fixation (ORIF), physical therapy, activity modification, and home care. Utilization review from August 4, 2014 denied the request for caregiver 24 hours/day for safety. The guideline states that 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.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Caregiver 24 hours/day for safety:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Epidural Steroid Injections (ESI's) Page(s):.

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

**Decision rationale:** As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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, patient has received caregiver services for 8 hours/day x 5 days. The documented rationale for extension of care is for patient's safety due to frequent falls. However, services to be rendered were not specified. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Furthermore, the present request exceeded guideline recommendation of no more than 35 hours per week. The medical necessity for extended services beyond guideline recommendation was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Caregiver 24 hours/day for safety is not medically necessary.