

<b>Case Number:</b>	CM14-0163191		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Family 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:

This is a 46 year old male patient who sustained a work related injury on 11/20/2006. He sustained the injury due to a trip and fall incident. The current diagnoses include status post traumatic herniated disc at C5-6 and C-7, anterior cervical discectomy at C5-6 and C6-7, spinal pain, cervical and complete myelopathy with quadriparesis, spastic bladder with partial urinary incontinence, spastic colon with fecal incontinence, inhibited spasticity, depression with suicidal ideation, diabetes, asthma, and sleep apnea. Per the doctor's note dated 8/25/14, the patient had complaints of neck pain with radiation into the shoulders, up the back of his head, and into the upper back; urinary inconsistency and urgency. The patient wore supplemental oxygen 24 hours with CPAP at night. Physical examination revealed cervical spine- tenderness and decreased ROM, 5/5 strength in bilateral upper extremities; lumbar spine- tenderness to palpation throughout, lower extremity spasticity interfered with the functional leg movements. The medication list includes Lyrica, magnesium oxide, Dulcolax suppository, morphine, Percocet, Baclofen, Metoprolol and Atorvastatin. He has had CT head dated 4/21/12, right hand X-ray dated 5/5/12, bladder scan dated 5/14/12, echocardiogram dated 6/19/12, MRI thoracic and lumbar spine dated 9/7/12. He has undergone anterior cervical discectomy and fusion C5-C6 and C6-C7 on 1/2/2007. He has had physical therapy, bracing and occupational therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aids 16 hours a day 7 days a week: 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:** Per the cited guidelines below, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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." Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. It is deemed that the medical necessity of Home health aide 16 hours a day 7 days a week is not medically necessary in this patient.