

<b>Case Number:</b>	CM14-0174428		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old female with a 4/1/03 date of injury. According to the most recent report provided for review, dated 8/14/14, the patient was seen for follow-up. She was approximately one week status post revision thoracolumbar fusion. She complained of pain along the incision. She has been improving post-operatively. She has been ambulating with a walker and has a home health aide for assistance at home. Objective findings: incision healing well, no signs of infection, any erythema or drainage. Diagnostic impression: status post (S/P) T12 to L3 posterior fusion with L1-L3 revision decompression (8/5/14), status post hardware removal with irrigation and debridement (12/24/13), status post L2-3 and L3-4 transforaminal lumbar interbody fusion (TLIF) with hardware removal L4-S1 (4/11/13), status post multiple Incision and drainage (I&D) lumbar incisions (5/13), history of right-sided laminotomy. Treatment to date: medication management, activity modification, multiple back surgeries. A UR decision dated 10/9/14 denied the request for continued home health aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Home Health Aide (HHA) 7 hours/6 days/week for 4 weeks for lumbar spine:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that home health services are 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. However, in the present case, there is no documentation that this patient is homebound. In addition, there is no documentation that the requested home health service is intended for medical treatment. 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 addition, this is a request for 42 hours of care per week, and guidelines support no more than 35 hours per week. Therefore, the request for Continued Home Health Aid (HHA) 7 hrs/6 days/week for 4 weeks for lumbar spine is not medically necessary.