

<b>Case Number:</b>	CM14-0181727		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2014

### 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:

Patient had a date of injury on 6/24/2008. Patient injured his lower back while lifting a box then twisting/bending to lower the box weighing 50-60 pounds. Patient had a lumbar epidural injection on 3/17/2014 which has helped. Diagnosis include: Disc degeneration lumbar spine, facet arthropathy, and status post blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide services 2-3 hours a day 2-3 times a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 167.

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

**Decision rationale:** According to guidelines home health services is 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. 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 medical records there is no indication why the patient cannot care for

himself. Changing underwear or household chores is not medical care and thus home health services are not recommended. The request is not medically necessary.