

<b>Case Number:</b>	CM14-0087902		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year-old male was reportedly injured on 1/24/2012. The mechanism of injury is noted as lifting tables. The claimant had previously underwent a lumbar laminectomy in 1986. The most recent progress note dated 2/20/2014, indicates that there are ongoing complaints of neck and low back pain as well as the progressive weakness in the arms and legs over the previous 6 months. Physical examination demonstrated 4/5 motor strength in upper and lower extremities; hyperreflexic in uppers and lowers with positive Hoffman's and pectoralis reflexes bilaterally. MRI of the lumbar spine dated 2/23/2012 documented dextroscoliosis and moderate to severe multilevel degenerative changes resulting in multilevel spinal canal and neural foraminal stenosis. CT scan of the lumbar spine dated 7/31/2013 documented surgical changes consistent with laminectomies at L4 and L5, otherwise no significant change from the 2012 MRI. CT scan of the cervical spine dated 7/31/2013 documented moderate to severe multilevel degenerative changes resulting in mild canal and moderate to severe foraminal stenosis. Diagnosis: cervical myelopathy. Previous treatment includes a wheel chair and a surgical recommendation for posterior cervical decompression and fusion. A request had been made for Home Care Assistance and was not certified in the utilization review on 5/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care assistance:** 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 of 127.

**Decision rationale:** The MTUS guidelines support home health services for 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. Review of the available medical records, document that the claimant is wheelchair-bound due to progressive cervical myelopathy (spinal cord injury) and cervical decompression & fusion has been recommended. The request for home care assistance is due to his inability to stand or walk, but is not supported by the California MTUS treatment guidelines. As such, the request is not considered medically necessary.