

<b>Case Number:</b>	CM13-0054272		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker sustained an industrial injury on October 20, 2008. She has report back pain with numbness and the feet and toes and has been diagnosed with radiculopathy primary, degeneration lumbar intervertebral disc, spondylolisthesis, grade 1, and stenosis lumbar. Treatment to date has included, medical imaging and acupuncture therapy. Currently the injured worker complains of an increased prickly feeling in her right leg as well as aching numbness of the right foot. The treatment plan has included surgery and EMG/NCV of the bilateral lower extremities. On October 25, 2013 Utilization Review non certified home nursing for daily dressing changes 7 x week x 2 weeks citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME NURSING SEVEN (7) TIMES A WEEK FOR TWO (2) WEEKS, FOR DAILY DRESSING CHANGES:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, HOME HEALTH SERVICES

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

**Decision rationale:** The California chronic pain medical treatment guideline on home health services states: Home health services 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. (CMS, 2004) The request is for bandage changed for a patient who is homebound on an intermittent basis. The request is not in excess of the guidelines. Therefore the request is certified.