

<b>Case Number:</b>	CM14-0215737		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 patient is a 44-year-old female presenting with a work-related injury on June 21, 2006. On September 17, 2014 the patient complained of neck pain, right shoulder pain, low back pain, chronic headaches. The pain is rated as 6 to 7 out of 10. The pain is described as burning and sharp. The patient also complains of numbness in the right arm. MRI of the lumbar spine showed impingement of the right L5 and S1. The patient reported that TENS unit provide some relief. According to the medical records the patient reports that she is no longer able to maintain her home. The patient medication included Percocet, Neurontin Prilosec and Flexeril. The physical exam was significant for midline of the cervical spine, tenderness to midline of the lower lumbar spine, tenderness over both shoulders. Reduce range of motion of the cervical and lumbar spine, and reduced range of motion of the right shoulder with severe pain with internal rotation of the right shoulder; 3 to 4/5 motor strength in the muscle groups of the upper and lower extremities, reduce sensation to light touch along virtually the entire right upper extremity and reduce sensation to light touch along the anterior and lateral right thigh and the anterior right leg; positive straight leg raise on the right at 45. The patient was diagnosed with degenerative disc disease, cervical, degenerative disc disease lumbar, right shoulder pain, and chronic daily headache (likely cervicogenic anesthesiology). The provider recommended home assistance because he felt that the patient was unable to care for herself and her household. According to the medical records the patient is permanently totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home assessment:** 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): 61.

**Decision rationale:** Home assessment is not medically necessary. Per CA MTUS page 51 Home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, 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 claimant was diagnosed with was diagnosed with degenerative disc disease, cervical, degenerative disc disease lumbar, right shoulder pain, and chronic daily headache. The claimant does not have a medical condition that denotes her as home bound on part-time or full time basis; therefore, the requested service is not medically necessary.