

<b>Case Number:</b>	CM15-0000645		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 59 year old female suffered an industrial injury on 7/19/99 with subsequent neck and back pain. Documentation did not include radiology reports. Treatment included pool therapy, medications and steroid shots. In a PR-2 dated 11/24/14, the injured worker complained of neck and back pain with radiation to the left arm and left buttock. The injured worker reported that she was unable to care for herself at home and that she now needed support. The physician noted that she was losing endurance and having difficulty taking care of the house and kids. Physical exam was remarkable for unchanged range of motion to the cervical and lumbar spine. Cervical compression test was positive. Straight leg raise was 60 degrees bilaterally. There was left sided sciatic notch tenderness. Neurologic exam of bilateral lower extremities was intact. Current diagnoses included neck and back pain with radiation, severe depression and insomnia. Past medical history included failed back syndrome status post cervical discectomy and fusion, cervical radiculopathy, sub-deltoid bursitis and lateral epicondylitis. Work status was totally disabled. The treatment plan included refilling Norco and Sulindac and requesting in-home support. On 12/19/14, Utilization Review non-certified a request for referral for In-Home Supportive Services, noting the lack of identified skilled medical and therapy needs. No Guidelines were cited by the claims administrator. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for in-home supportive services:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines; Medicare guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. In home support is requested because the patient cannot take care of herself. There is no documentation that home services are requested for medical treatment. Medical necessity has not been established. The request should not be authorized.