

<b>Case Number:</b>	CM15-0011980		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 53 year old female, who sustained an industrial injury on May 29, 2012. She reported neck and low back pain. The injured worker was diagnosed as having lumbosacral sprain, osteoarthritis of the pelvis, lumbar disc displacement, lumbosacral neuritis, spinal stenosis, headache, post-surgical symptoms, cervical radiculitis, lumbar radiculopathy, lumbago and low back pain. Treatment to date has included radiographic imaging, diagnostic studies, previous cervical fusion, conservative therapies including physical therapy, epidural injection, pain medications and work restrictions. Currently, the injured worker complains of chronic neck and low back pain with radiating pain to the right leg and hip. The injured worker reported an industrial injury in 2012, resulting in chronic neck and low back pain. She has been treated conservatively and surgically without resolution of the symptoms. She was treated with epidural injections with temporary benefit. It was noted she had underwent previous cervical fusion as noted on magnetic resonance imaging results. Evaluation on September 30, 2014, revealed continued pain. Lumbar spine fusion was performed on December 13, 2014. It was noted she required 3 extra days of hospitalization for pain control and the treatment of a possible urinary tract infection. She was noted to be tolerating foods and ambulating by discharge. Home health evaluation was requested for continued care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Home Health Care one time a day for two months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guideline, 2010 Revision, Web Based Edition, Page 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home healthcare services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home healthcare-home health aide for hours a day for one month is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker underwent a lumbar decompression and fusion. The injured worker is married and the daughter is helping out at home. There is no documentation the injured worker is homebound. Additionally, the documentation does not state whether skilled care is required by a licensed medical professional. There was no documentation of the expected kinds of services required. The request states a home health care aide is required to hours per day for two months. Consequently, absent clinical documentation of the injured workers homebound status in addition to other facets of the guideline, home health care aide one time per day for two months is not medically necessary.