

<b>Case Number:</b>	CM15-0018639		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/19/1992
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on October 19, 1992. The diagnoses have included cervical spine, paraplegia, post laminectomy syndrome, neuralgia and neuritis. The injured worker sustained an injury to her back and psyche and developed neurogenic bladder. She has had a number of lumbar surgeries and has had epidural steroid injections. On January 14, 2015 Utilization Review modified a request for continue home services 3 hours per day for five days per week for personal care/meals, noting that request was modified to home health aide for three hours every five days for ninety days. The duration of the service was not noted in the request and was established in utilization review to be a duration of 90 days. The California Medical Treatment Utilization Schedule was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of continue home services 3 hours per day for five days per week for personal care/meals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Home Services-3 hours a day, 5 days per week for personal care/meals (duration not indicated):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** Based on the 01/13/15 progress report provided by treating physician, the patient presents with paraplegia, back, shoulder and left leg pain. The request is for CONTINUE HOME SERVICES 3 HOURS A DAY, 5 DAYS PER WEEK FOR PERSONAL CARE/ MEALS (DURATION NOT INDICATED). RFA with the request was not provided. Patient's diagnosis on 01/13/15 included marked improvement in left back/leg pain post injection; and substantial sympathetic component to pain. Per supplemental report dated 09/13/14, treater states MRI of the the lumbar spine dated 06/27/14 and right lateral disc protrusion and degeneration were noted at T11-T12, as well as fusion at T11-12. Treater continues to account "the patient's chief problem is that at the T11-T12 level, the herniated disc became calcific and fused with her spinal cord," leading to "hyperflexia and incontinence. The patient had a discectomy in 2007, and "came out postoperatively with complete paralysis of her left lower extremity... The patient required a course of inpatient rehabilitation in order to be able to get back to self care, walking again, and manage a neurogenic bowel and bladder. She has had these problems ever since and ha been in constant , severe neuropathic pain..." The patient is status post sympathetic block on 07/23/14 with an L2-L3 transforaminal epidural steroid injection. Patient's work status not available.MTUS Guidelines, page 51, has the following regarding home service, Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Per progress report dated 01/13/15, treater states "continue home services available 3hr/5days/wk until 04/14/15. Will need that renewed. Paralysis will not suddenly go away after 7 years. Getting older. Harder to move around and take care of herself." UR letter dated 01/14/15 "modified the request" from "duration not indicated," to "90 days. (01/14/15 - 04/14/15)." Treater has documented patient's need for home assistance, and provided discussions regarding the patient's specific functional needs that would require assistance and the medical justification for the deficits. The patient is paraplegic and the request for 15 hours of home services appears reasonable. Therefore, the request IS medically necessary.