

<b>Case Number:</b>	CM15-0118087		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 is a 56 year old female, who sustained an industrial/work injury on 8/21/08. She reported initial complaints of cervical and back pain. The injured worker was diagnosed as having ankylosing spondylitis, spinal stenosis in cervical region, thoracic region, thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included medication, surgery (cervical fusion in 2009, lumbar fusion in 4/2014), physical therapy, home exercise program, and facet block. X-Rays results were reported on 9/25/14, and 1/8/15. Currently, the injured worker complains of low back pain, neuropathic pain symptoms in the hands and feet related to cervical myelopathy. There were balance problems and neuropathic symptoms in the arms and legs. Per the primary physician's progress report (PR-2) on 3/25/15, examination revealed tenderness to the right posterior ilium and upper buttock as well as some tenderness. Sensation is decreased in both arms but primarily at the hands and in both feet, motor testing of 4/5, in bilateral hip flexion, and positive Hoffmann's bilaterally. The requested treatments include Home health care / Driver - 6 more weeks. May 27, 2015 report notes that the injured worker is seen for low back pain and neuropathic pain symptoms in the hands and feet related to cervical myelopathy. She has had one visit of cognitive behavioral therapy but has difficulty driving related to the numbness in her hands and feet associated to myelopathy. Driving distances over one hour from her home to the provider. She has had recent right lumbar facet block without any significant improvement. An appeal is made for denial to home health care assistance. With chronic myelopathic symptoms, the injured worker is noted to have difficulty performing home tasks and needs assistance with going out for walks to guard against falls.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care / Driver - 6 more weeks:** Overturned

**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): 50.

**Decision rationale:** Per the MTUS guidelines, home health services are 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. The medical records indicate that the injured worker has chronic myelopathic symptoms and is unable to safely go for walk and perform her daily activities. Assistance is needed to guard against falls. The medical records also note that the injured worker has difficulty driving related to the numbness in her hands and feet associated to myelopathy. A review of the medical records does not establish that the injured worker has family support to aid her in performing her activities and driving. The request for Home health care / Driver - 6 more weeks is therefore medically necessary and appropriate.