

<b>Case Number:</b>	CM15-0119140		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 49 year old female who reported an industrial injury on 10-9-2013. Her diagnoses, and or impression, were noted to include: chronic pain syndrome; chronic low back pain; neuropathic pain in the upper and lower extremities; lumbar and cervical radiculopathy; status-post fracture of the right 5th digit; motion abnormality with residual Dysesthesia and hyperesthesia; right elbow sprain-strain; right shoulder sprain-strain with impingement; nerve damage status-post surgery with residual, chronic pain; severe breakthrough pain; and stress with anxiety and depression resulting in sleep difficulties, vertigo, blurred vision, headaches, sexual dysfunction, shortness of breath (SOB) and constant chest pain. No current imaging studies were noted. Her treatments were noted to include: diagnostic x-rays; digit surgery (11-17-13) with post-operative physical therapy; injection therapy to the chest (2014) for chest pain and SOB; lumbar epidural steroid injections; cervical "ACDF" surgery (3-26-15); use of walker; medication management with toxicology screenings; and rest from work. The progress notes of 5-13-2015 reported an evaluation for pain management for work related injuries, and the need for a Spanish interpreter. Also noted were complaints of dizziness, lightheadedness, frequent headaches, blurred and blotchy vision, jaw pain with locking-clicking-popping and difficulty chewing and opening her mouth; worsened, post-surgical, stress, anxiety, depression and sleep disturbances; chest pain and discomfort and SOB; decreased sexual libido and pain with sexual intercourse; continuous, severe, radiating cervical neck pain, with stiffness, associated with headaches, aggravated by activities, and alleviated by medications; continuous, moderate, radiating right shoulder pain, associated with numbness and tingling in the bilateral upper

extremities, aggravated by activities, and alleviated by medications; continuous, severe cramping, pain and weakness in the hand-wrist-digit, aggravated by activities, and alleviated by medications; continuous, severe radiating thoracic spine pain, aggravated by activities, and alleviated by heat and medications; continuous, severe, radiating lumbar spine pain into the hips and lower extremities, associated with urinary frequency and incontinence, aggravated by activities, and alleviated by medications; and continuous, severe, radiating bilateral hip pain into the legs, associated with numbness and tingling, aggravated by activity, and alleviated by heat and medications. Objective findings were noted to include no immediate pain complaints but eventual complaints of pain in the right upper extremity, mid-back, low back, both hips, and right small digit; no acute distress; an antalgic gait and use of walker; diffuse tenderness in the cervical spine and bilateral trapezius, with severely limited, post-operative, range-of-motion due to pain; diffuse tenderness in the lumbar spine and the bilateral sacroiliac joints with decreased lumbar range-of-motion and positive bilateral straight leg raise, Braggard's test and Kemp's test; and decreased strength and reflexes in the upper extremities. The physician's requests for treatments were noted to include Home Health Aid services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home Health Aid 4 Hours Day/ 5 Days Per Week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

**Decision rationale:** This claimant was injured in 2013 with diagnoses of chronic pain syndrome; chronic low back pain; neuropathic pain in the upper and lower extremities; lumbar and cervical radiculopathy; status-post fracture of the right 5th digit; motion abnormality with residual Dysesthesia and hyperesthesia; right elbow sprain-strain; right shoulder sprain-strain with impingement; nerve damage status-post surgery with residual, chronic pain; severe breakthrough pain; and stress with anxiety and depression resulting in sleep difficulties, vertigo, blurred vision, headaches, sexual dysfunction, shortness of breath (SOB) and constant chest pain. There was a cervical ACDF surgery on 3-26-15. There is an antalgic gait and use of walker; diffuse tenderness in the cervical spine and bilateral trapezius, with severely limited, post-operative, range-of-motion due to pain; diffuse tenderness in the lumbar spine and the bilateral sacroiliac joints with decreased lumbar range-of-motion and positive bilateral straight leg raise. The family situation in regards to if family can assist her is not provided. Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non- medical services and activities of daily living. However, the guide specifically notes that 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) As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified.



