

<b>Case Number:</b>	CM15-0075850		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: 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:

The injured worker is a 64 year old female, who sustained an industrial injury on June 3, 1998. The injured worker was diagnosed as having cervical spine sprain/strain with anterolisthesis of C5 on C6 per x-ray dated April 14, 2009, with slight degenerative joint disease per x-ray dated July 25, 2011, with recent history of increased symptoms, thoracic spine sprain/strain with history of protrusion from T6-T7 with recent history of increased symptoms, and lumbar spine sprain/strain with facet degenerative joint disease, scoliosis to the right, and severe degenerative disc disease at L2-L3 with spondylosis at L4-L5 with spinal cord stimulator at L1-L3 with recent history of increased symptoms. Treatment to date has included x-rays, spinal cord stimulator, ultrasound, CT Myelogram, and medication. Currently, the injured worker complains of ongoing pain in the neck and back, and difficulty sleeping. The Primary Treating Physician's handwritten, partially illegible, report dated March 23, 2015, noted the bilateral shoulder examination to show tenderness to palpation of the subacromion and acromioclavicular with positive impingement and cross arm tests. The treatment plan was noted to include requests for authorization for home care assistance 24 hours a day times 7 days a week on an indefinite basis, and transportation to/from medical appointment visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health care 24 hours per day x 7 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35 hours per week. Pt has requested services of 24 hours, 7 days a week which exceed recommendation and which would be more appropriate for placement in a nursing home. There is no justification for requested service. Provider has repeatedly claimed that patient is able to perform activity of daily living. Patient is not home bound. Home health care is not medically necessary.

**Transportation to and from all medical appointments:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <[http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm)>.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per California Department of Health Care Services manual, patient does not meet any criteria for nonemergency medical transportation. Patient does not have any medical condition that would prohibit the use of private or public transportation. The documentation provided does not support medical necessity for transportation.