

<b>Case Number:</b>	CM15-0077209		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: North Carolina  
 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 59 year old female, who sustained cumulative industrial injuries from September 4, 1985 through March 8, 2010. She reported neck pain, right shoulder pain and right upper extremity pain and tingling. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculopathy, status post right rotator cuff repair, carpal tunnel release and trigger finger release. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued neck pain, increasing lumbar spine pain radiating to the right lower extremity, thoracic spine pain, right shoulder pain and right upper extremity pain and tingling. The injured worker reported cumulative industrial trauma from 1985 through 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 20, 2013, revealed continued pain as noted. She described her neck pain as severe. A cervical epidural steroid injection was recommended. Radiographic imaging of the thoracic and lumbar spine in 2014, revealed abnormalities. Evaluation on December 19, 2014, revealed continued pain. A continuation of home care and a pain management consultation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue home care assistant 4 hour/day, 3 days/week for 6 weeks: Upheld**

**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 Page(s): 51.

**Decision rationale:** The California chronic pain medical treatment guideline on home health services states: Home health services Recommended only for otherwise recommended medical treatment 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, 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) Home health services are recommended for patients who are home bound. The type of care requested does not meet criteria. Therefore the request cannot be certified. Therefore, the requested treatment is not medically necessary.

**Pain management consult: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing pain despite conservative therapy. The referral for a pain specialist would thus be medically necessary and approved.