

<b>Case Number:</b>	CM15-0092267		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male, who sustained an industrial injury on April 17, 2012. He reported low back pain. The injured worker was diagnosed as having chronic low back pain, narcotic induced pain, chronic lumbosacral disc desiccation and disc degenerative disease. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, multiple lumbar injections, medications and work restrictions. Currently, the injured worker complains of chronic low back pain with associated muscle spasm, anxiety, stress and depression. He was noted to walk with an antalgic gait at a slow pace. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 25, 2015, revealed continued pain as noted with associated symptoms. It was noted he required the use of strong pain medications to remain functional/ He reported the pain started after working long hours at a bank without ergonomic seating. A home health aide was requested for assistance with activities of daily living while at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 2-3 days a week for 8 hours a day to assist with daily activity: Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, home care assistance 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. 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) The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore, the request for Home health aide 2-3 days a week for 8 hours a day to assist with daily activity is not medically necessary.