

<b>Case Number:</b>	CM15-0093309		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Internal 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 42-year-old male who sustained an industrial injury on 06/27/2012. Current diagnoses include lumbar radiculopathy and status post lumbar spine surgery on 06/22/2014 and 09/12/2014. Previous treatments included medication management, lumbar surgery, and home exercise program. Report dated 02/13/2015 noted that the injured worker presented with complaints that included a slight flare-up of low back symptoms, constant low back pain and bilateral leg pain with associated numbness and tingling in the legs. Pain level was 7 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for decreased lumbar range of motion, tenderness in the lumbar spine and palpable spasms along the paravertebral muscles bilaterally. The treatment plan included prescriptions for cyclobenzaprine, gabapentin, and hydromorphone, prescribed compounded topical medications, Genicin, glucosamine sodium, Somnicin capsules, requests for a roller walker, EMG/NCV study, and home health aide due to difficulties with activities of daily living including showering, putting on clothes, or shoes and with hygiene, continue with home exercise program, and follow up in 4-6 weeks. Disputed treatments include home health aide 3 hours per day 7 days a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid 3 Hours A Day 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 51.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. 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. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. Medical history documented lumbar radiculopathy status post lumbar spine surgery. Date of injury was 06/27/12. The treating physician's progress report dated 2/13/15 documented that the patient complains of constant low back and bilateral leg pain rated 7/10 with associated numbness and tingling in the legs. On examination, the range of motion in flexion is 15 degrees, extension is 5 degrees, and lateral flexion is 5 degrees. There is tenderness along the lumbar spine and spasms along the paravertebral muscles of the lumbar spine. Per the patient, the patient is having difficulty performing activities of daily living such as showering, putting on clothes, or shoes and with hygiene. Home health aide was requested. The medical records do not indicate that the patient is homebound. MTUS guidelines indicate that home health aides are not considered medical treatment. Per MTUS, home health services are recommended only for medical treatment. Because home health aides are not considered medical treatment, home health aides are not supported by MTUS guidelines. MTUS guidelines do not support the medical necessity of a home aide. Therefore, the request for home health aide is not medically necessary.