

<b>Case Number:</b>	CM13-0002972		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	04/14/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier lumbar laminectomy; and psychological counseling. In a Utilization Review Report dated July 12, 2013, the claims administrator denied a request for postoperative home health care. The claims administrator invoked non-MTUS ODG guidelines in its denial, incorrectly stating that the MTUS did not address the topic. The applicant's attorney subsequently appealed. A March 18, 2014 lumbar MRI was notable for evidence of a prior discectomy/laminectomy at L4-L5 with associated scarring at the same level. On January 22, 2014, the applicant was described as status post microdiscectomy on July 8, 2013. A lumbar support and physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. In an operative report of July 8, 2013, the applicant underwent a lumbar microdiscectomy at the L4-L5 level. On July 10, 2013, the applicant was placed off of work, on total temporary disability, for 12 weeks. It was stated that the applicant should obtain home health services. Overall rationale was sparse. It was stated, somewhat incongruously, that the applicant needed dressing changes and, in another section of the report, that the applicant's wound was apparently cleaned. The attending provider stated that the applicant apparently needed assistance in performing dressing changes. In a July 3, 2013 request for authorization (RFA) form, six sessions of home health care were apparently sought following the lumbar spine surgery at issue. In a September 11, 2013 progress note, it was acknowledged that the applicant's wound had healed. The remainder of the file was revealed and was replete with references that the applicant was off of work, on total temporary disability, from a mental health perspective, owing to ongoing complaints of depression and anxiety.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unspecified home health care for the post -op low back three times per week for two weeks:**  
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 Chapter

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

**Decision rationale:** While this is, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 does stipulate that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that home health services are recommended to deliver otherwise recommended medical care in applicants who are homebound. In this case, the attending provider's reporting, while at times sparse and difficult to follow, did seemingly suggest that the applicant would likely be homebound for the first two weeks following lumbar spine surgery and that the applicant was in need of postoperative home health care to deliver wound care and perform dressing changes. The applicant seemingly had a variety of mental health issues which likely would have prevented her from receiving the postoperative wound care in an office setting. Therefore, the request for six sessions of home health care after surgery initiated on a July 3, 2013 RFA form was medically necessary.