

<b>Case Number:</b>	CM13-0030819		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/31/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Neurological Surgery 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 injured worker is a 74-year-old male who was reportedly injured on January 31, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 20, 2013, indicates that there are ongoing complaints of cervical spine pain. The notes on this date stated that the injured employee was scheduled for cervical spine surgery but this was canceled due to abnormal lab test results. The use of a Butrans patch and home healthcare post-surgery was discussed. The physical examination demonstrated tenderness of the paravertebral muscles with spasms. There was reduced range of motion of the cervical spine. Examination of the lumbar spine also noted tenderness and spasms. Motor strength was decreased at L5 and S1. There was a request for home healthcare post-surgery which was scheduled to occur on August 27, 2013. A request had been made for 12 visits of home healthcare post-surgery and was not certified in the pre-authorization process on September 6, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST SURGICAL HOME HEALTH CARE X 12 VISITS:** Upheld

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

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

**Decision rationale:** According to the most recent progress note dated August 20, 2013, the injured employee stated that he would not be up to taking care of himself after surgery and that he would like to have some type of home healthcare to aid him. It is unclear why having a cervical spine surgery in and of itself would necessitate the need for home healthcare or what type of tasks the injured employee would require help with that he's able to do now on his own. Without specific justification this request for 12 visits of home healthcare post surgery is not medically necessary.