

Case Number:	CM13-0031075		
Date Assigned:	02/03/2014	Date of Injury:	09/18/2011
Decision Date:	05/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This patient was injured on 9/17/11. The clinical records for review include an 8/12/13 progress report indicating that the claimant is with a diagnosis of left lower extremity radiculopathy from L4 through S1. Based on failed conservative care, clinical imaging, and failed measures to date, a surgical process in the form of lumbar decompression at the L4-5 and L5-S1 levels was recommended for further definitive care. The specific request in this case is for a post-operative registered nurse evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE RN EVALUATION: Upheld

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.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, home health services including medical assessment would not be indicated in individuals who are not homebound on a part-time or intermittent basis. The claimant is to undergo a two-level decompressive procedure

with nothing indicating homebound status or indication as to the role the home care registered nurse would play at this stage in the claimant's clinical course of care. The specific request, given the claimant's current clinical presentation, would not be indicated. Therefore, the request is not medically necessary.