

Case Number:	CM13-0068786		
Date Assigned:	06/13/2014	Date of Injury:	02/01/2000
Decision Date:	07/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 54 year old male who had a date of work injury on 2/1/2000 when he hit a truck while driving a forklift. His prior treatment has included physical therapy, back brace, epidural steroid injections (ESIs), and facet blocks with temporary relief. He has not worked for 5 years. He was recommended to have a lumbar fusion however this request was denied based on the absence of clear clinical evidence of radiculopathy and the fact that the MRI was 4 years old. This is a request for a post op home health nurse once a week for two weeks. An EMG NCV study was done on 11/1/13 which showed evidence of active L5 radiculopathy. A report of a MRI done on 5/17/12 was submitted and showed degenerative changes at L5-S1 with a disc bulge causing right foraminal narrowing. A progress report dated 10/23/13 noted the surgical denial. The patient on this date was noted to have right sided low back pain with radiation down his entire right leg with numbness and weakness. His gait was normal and he was able to walk on tiptoes and heels. Lumbar motion was limited in all planes. Tenderness was present in the right paraspinal muscles. Right straight leg raising test was positive. Right EHL strength was still rated 5-/5 and reflexes and sensation were normal. The recommendation again is for Anterior Lumbar Interbody Fusion, Posterior Spinal Fusion with Instrumentation, Laminectomy/ Microdiscectomy L5-S1, Assistant Surgeon, Assistant, Pre Op Clearance, LSO Brace purchase. Motorized Cold Therapy Unit(E0218) 2 weeks rental, Home Physical Therapy 3x2, Bone Growth Stimulator(E0748) and Fitting, Post-Operative physical therapy (PT) 2x6 and Post Op Home health nurse once a day for two weeks for wound care. An 11/25/13 utilization review stated that there is now evidence of radiculopathy based on the physical examination, 2012 MRI, and current EMG/NCV study. A request for microdiscectomy would be considered appropriate but there is no documentation that spinal fusion is necessary and therefore the

request and post op requests were not medically necessary. The most recent 12/6/13 primary treating physician progress report states that the patient returns with ongoing symptoms. His surgery is not authorized. His symptoms continue to consist of constant low back pain in the right side of the low back with pain all the way down his right leg. The pain is not the entire leg with numbness and weakness in the right leg and heaviness of the left leg. The treatment plan includes continuing to request an anterior lumbar interbody fusion laminectomy microdiscectomy L5-S1 with posterior spinal fusion L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE HOME HEALTH NURSE ONCE A DAY FOR TWO WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: Post op home health nurse once a day for two weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend home health services 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. The request was for post-operative care. The documentation submitted does not reveal that the patient was authorized for surgery therefore post nursing was not medically necessary. Furthermore the request does not indicate how many hours per day the services are requested for as the guidelines do not recommend more than 35 hours/week. The request for a post op home health nurse once a day for two weeks is not medically necessary.