

<b>Case Number:</b>	CM14-0001687		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/30/2000
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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 patient is a 71-year-old who sustained an injury to her low back on 05/30/00. The clinical record for review includes a recent clinical report of 11/14/13 indicating ongoing complaints of low back pain. The record indicated that at that time the claimant was status post a prior L3-S1 lumbar fusion in 2008 followed by subsequent spinal cord stimulator implementation performed in 2011. There is also documentation of prior sacroiliac joint fusion on the left. There was no indication of a recent surgical procedure or significant change in the clinical course at that time. The treating provider recommended the continuation of home health services for six hours per day, three days per week, per twelve additional weeks as well as a registered nurse visit prior to the end of home health services. There was no documentation further documentation with respect to recent clinical imaging or any other specific treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH AID 6 HOURS PER DAY, 3 DAYS PER WEEK FOR 12 WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** The request for home health services in this case would not be indicated. At present there is no indication of an acute clinical process that would necessitate the role of home health services for the timeframe being requested. There is nothing indicating that the claimant is homebound and or the nature of home health services that would be provided. The clinical information in this case fails to satisfy guideline criteria for home health services and as such the request cannot be recommended as medically necessary.

**REGISTERED NURSE EVALUATION PRIOR TO THE END OF SERVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.