

<b>Case Number:</b>	CM14-0003210		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine & Rehabilitation 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 47-year-old male who reported an injury on 03/23/2009 secondary to a box falling on him. The injured worker underwent a fusion with cages, integral fixation screws, posterior instrumentation, and interspinous fixation devices at the L4-5 and L5-S1 levels on 09/04/2013. He has been treated previously with physical therapy. A computed tomography (CT) scan of the lumbosacral spine was performed on 09/19/2013 and was noted to reveal postsurgical changes. It was noted that the left L5 vertebral body screw seemed to be extending slightly into the left lateral recess. It was noted that the screw tip might be slightly extending into the intervertebral foramen on the left with possible nerve root impingement. The injured worker was evaluated on 11/27/2013 and reported 7/10 low back pain and radicular left leg pain. On physical examination, he was noted to have tenderness to palpation over the bilateral sacroiliac joint and a positive pelvic compression test and thigh thrust test. The injured worker was recommended for a revision surgery with exploration of the left L5-S1 intervertebral foramen. A Request for Authorization was submitted on 12/20/2013 for the revision surgery procedure. The request also included preoperative consults, preoperative clearances, postoperative durable medical equipment, and postoperative after care to include a medical home health nurse evaluation and a follow-up office visit 7-10 days postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL HOME HEALTH NURSE EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES,

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

**Decision rationale:** The request for a medical home health nurse evaluation is non-certified. The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for injured workers who are housebound, on a part time or intermittent basis, generally up to more than 35 hours per week. There is no documented rationale regarding the request for a home health evaluation. The medical records submitted for review failed to indicate that the injured worker is housebound. The documentation provided indicates that the injured worker has been able to attend multiple office visits following the previous surgery and up to the most recent clinical note. The Request for Authorization includes a request for a follow-up visit 7 to 10 days postoperatively. There are no exceptional factors documented to indicate that the injured worker will need medical treatment provided in his home. There are also no exceptional factors to indicate that the requesting physician is unable to evaluate the injured worker's home health needs or to warrant an additional evaluation for home health services. As such, the request for medical home health nurse evaluation is non-certified.