

<b>Case Number:</b>	CM14-0003357		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/24/1998
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Family Practice, and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 12/24/1998. The mechanism of injury was not provided for review. The injured worker ultimately underwent a spinal fusion from the T12-L4 with cages placed at the L4-5 and L5-S1. The injured worker underwent a CT scan on 10/18/2013. It was documented that there was an S-shaped scoliosis of the thoracic spine with pedicle screws extending into the bodies of the T10, T11 and T12 with vacuum disc phenomena at the T8-9, T9-10 and T10-11. It was also documented that the injured worker's thoracic spine was unremarkable, other than a slight S-shaped scoliosis curvature. The injured worker was evaluated prior to the CT scan on 10/09/2013. It was documented that the injured worker had significant pain at the top of the fusion mass with loosening screws due to a kyphotic deformity. The physical examination noted a mass on the top of the back with no neurological symptoms. Pain was noted with failure of the instrumentation at the superior level of the spine. A request for an extension of the thoracic spine fusion, revision of instrumentation and revision of fusion was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME VISIT 4 HOURS A DAY 3 TIMES WEEKLY:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does indicate a request for authorization has been submitted for surgical intervention. However, there is no documentation that the injured worker has undergone that surgical intervention. The MTUS Chronic Pain Guidelines recommends home health visits for injured workers who are home bound on a part time or intermittent basis and require medical care. The clinical documentation submitted for review does not indicate that the injured worker is home bound on either a part time or intermittent basis and would require in home medical treatment. As such, the request is not medically necessary or appropriate.