

Case Number:	CM14-0004602		
Date Assigned:	04/25/2014	Date of Injury:	02/05/2008
Decision Date:	06/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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, fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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 52-year-old male who reported an injury on 02/05/2008. The mechanism of injury was not stated. Current diagnoses include lumbar spine disc herniation and lumbago. The injured worker was evaluated on 04/08/2014. The injured worker reported persistent lower back pain. Physical examination revealed limited lumbar range of motion, tenderness to palpation with spasm, positive straight leg raising, and decreased sensation in the L4 through S1 dermatomes on the right. Treatment recommendations included lumbar spine surgery and ongoing home care assistance for house cleaning, cooking, and laundry.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms,

activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. The injured worker does not appear to meet criteria for a lumbar spine surgery. There is no mention of an exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. The specific type of lumbar spine surgery was not listed in the request. Therefore, the request is not medically appropriate. Based on the clinical information received, the request is not medically necessary.

HOME CARE ASSISTANCE- 4 HOURS A DAY, FOR 5 DAYS A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise medical treatment for patients who are homebound on a part time or intermittent basis. There is no indication that this injured worker is currently homebound. Additionally, California MTUS Guidelines state medical treatment does not include homemaker services like shopping, cleaning and laundry. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.