

<b>Case Number:</b>	CM14-0105880		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 General Surgery and is licensed to practice in Tennessee. 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 56 year old female who was injured on March 27, 2009 to the back. The diagnoses listed as lumbar/sacral disc degeneration (722.52). The most recent progress note dated 6/27/14 reveals complaints of neck pain rated a 7 out of 10 on visual analog scale (VAS) score, right shoulder pain rated a 7 on VAS, lower back pain rated a 7 on VAS. Physical examination reveals lumbar spine forward flexed gait, palpable tenderness over the upper lumbar spine, midline thoracic spine, as well as over the right buttock and left sacroiliac joint; vascular dorsalis pedis posterior tibial pulses are present; decrease sensation over the left L4, L5, and S1 dermatome distribution; straight leg raise causes low back pain on the left at 80 degrees and is positive on the right at 80 degrees. It was noted the injured worker was temporarily totally disabled until August 8, 2014. Current medications include Xanax 1 milligram tablets, Prilosec delayed release (DR) 20 milligram capsules, Amitriptyline hydrochloride 50 milligram tablets, Oxycodone hydrochloride 15 milligrams tablets, and OxyContin 30 milligram tablets. Diagnostic studies include Xrays of the lumbar spine dates 4/23/14 and reviewed on 6/6/14 reveal screws posterior from T10 to S1 and interbody cages L3 to S1 in good position with no evidence loosening or hardware loosening or fracture, and progressive fusion L3 to S1. Prior treatment includes medications (discontinued medications are Lyrica 75 milligrams, Oxycodone 20 milligrams, OxyContin 40 milligrams, Zanaflex 4 milligrams); posterior spinal fusion using autograft Actifuse and stem cell T8 through S1, segmental instrumentation T8 through S1, osteotomies of L1 through L4 for coronal plane correction, right L3 through L5 hemilaminectomy for spinal stenosis and preoperative radiculopathy, iliac crest bone graft through separate incision, bone marrow aspirate for stem cell concentration for bone graft, and postoperative physical therapy. A prior utilization review determination dated 6/24/14 resulted in denial of home health five hours per day for seven days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health 5 Hours per Day x 7 Days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Home Health ServicesCA MTUS: p 51, 2010 Revision, Web EditionOfficial Disability Guidelines: Web Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Low Back - Pain (chronic): Home Health Services

**Decision rationale:** ODG guidelines state that a treatment plan must be available to justify medical necessity. It goes on to state what the treatment plan includes. ODG also states that if the treatment plan is unclear then a one time evaluation by a home health agency is appropriate, if not already ordered by the treating physician. Therefore, since the medical records provided do not delineate a clear cut home health treatment plan, the request for home health services for 5 hours a day times seven days cannot be deemed medically necessary. Either a treatment plan needs to be included in the medical records or a request for a one time Home Health evaluation should be submitted. Home Health 5 Hours per Day x 7 Days is not medically necessary.