

<b>Case Number:</b>	CM14-0015138		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Internal Medicine, 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 68 year old female who was injured on 9/1/08. The mechanism of injury was not provided for review. Prior treatment history has included Lidoderm patches, Tylenol No. 3, Aleve, and multivitamins. An MRI of the lumbar spine dated 4/1/13 shows L4-L5 disc space narrowing with diffuse annular disc bulging at this level. The disc protrudes to the right at the L4 vertebral body, not to the left at the L5 vertebral body. There is also a small broad-based left paramedian focal disc herniation, which distorts thecal sac and impinges on the traversing left L5 nerve root within the lateral recess. There is an asymmetric narrowing of the right L4 neural foramen and the exiting L4 nerve root appears impinged. At L4-S1, there is also disc space narrowing. There is central canal narrowing at L3-L4 and L4-L5 with moderate left neural foramen narrowing and moderately severe neural foramen narrowing on the right. A preoperative note dated 1/26/14 states that the patient injured her low back and has undergone extensive conservative care. She continues to complain of back pain, bilateral radiating leg pain, numbness, and instability when walking with a fear of falling down. The patient also recently notes an increasing numbness and tingling sensation associated with painful burning and cramping sensation in her left leg. On exam, she had mild-to-moderate tenderness to palpation in the lower lumbar spine. The lumbar range of motion is as follows: flexion at 45 degrees, extension at 20 degrees with increased pain, rotation at 10 degrees bilaterally, and lateral bending at 30 degrees bilaterally. Muscle strength is 4/5 in the lower extremity bilaterally. Sensory examination reveals diminished pinprick sensation in the L4 and L5 dermatomes, otherwise intact. Straight leg raise is positive in the seated position bilaterally. The pain is in the lower legs and back. Deep tendon reflexes are 2/4 bilaterally in the patella and gastrocnemius. Her gait is normal and she is able to perform heel-to-toe walking without difficulty. The patient is diagnosed with lumbar degenerative disc disease, lumbar spondylolisthesis, and lumbar

radiculopathy. The treatment plan includes surgical intervention in the form of a two-staged lumbar fusion procedure at L3-L4 and L4-L5.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TWO (2) WEEKS OF HOME HEALTH ASSISTANCE, 6 HOURS PER DAY:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services for patients that are homebound, generally for no more than 35 hours per week. The current request is for 42 hours per week. According to the guidelines, the treatments provided should not include services such as laundry, shopping, cleaning, or personal care such as bathing and dressing. The documents provided do not clearly discuss the services that the patient will require during the post-operative period at home. It is not clear why home health services are required as opposed to a lesser form of home aide. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.