

<b>Case Number:</b>	CM14-0017609		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and is licensed to practice in New York. 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:

Patient is a 55 year-old who sustained an injury on April 29, 2002. The patient was injured when lifting heavy boxes. The patient has back pain and right lower extremity pain numbness and weakness. The patient had laminectomy surgery in 2002 with 30% improvement. Conservative treatment included physical therapy, bracing, epidural injections, acupuncture, and a spinal cord stimulator trial. Flexion-extension views of the lumbar spine document abnormal motion at L4-5. MRI from December 2013 shows 50% stenosis at L4-5. There is 25% stenosis at L3-4 with spondylolisthesis of both L4-5 and L3-4. Documentation of positive electrodiagnostic studies is present. Physical examination shows antalgic gait. There is tenderness to palpation the lumbar spine with reduced range of lumbar motion. Motor strength shows 4+ over 5 bilateral EHL. There are 4+ over 5 bilateral tibialis anterior. Diminished sensations in the right L4 dermatome. Straight leg raising is positive on the right. At issue is whether spinal fusion with postoperative rehabilitation and health meals are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE HOME CARE 5 HOURS/DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-299. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 12/27/13), LOW BACK, HOME HEALTH SERVICES, PHYSICAL THERAPY GUIDELINES

**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, HOME HEALTH SERVICES

**Decision rationale:** The need for postop home care is to be determined near the end of the patient's rehabilitation stay and to be based upon the recovery process in the patient's extent of recovery. Just prior to discharge, recommendation would be to deny postoperative home care 5 hours a day but to approve a home health evaluation on the day of discharge. Guidelines do not indicate the need for home care 5 hours a day prior to discharge in the hospital and the patient having an evaluation process at the time of discharge. Criteria for home health care 5 hours a day per day are not met. The need for postop home care has not been established at this time.

**POST-OPERATIVELY [REDACTED] MEALS SERVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTP://WWW.NCBI.NLM,NIH.GOV/PUBMED/3335719](http://www.ncbi.nlm.nih.gov/pubmed/3335719) - HOME-DELIVERED MEALS: FOOD QUALITY, NUTRIENT CONTENT, AND CHARACTERISTICS OF RECIPIENTS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMED/3335719](http://www.ncbi.nlm.nih.gov/pubmed/3335719), HOME DELIVERED MEALS

**Decision rationale:** As always accurately determine whether or not this patient will need meals cyst prior to surgery. Recommendations to have the patient evaluated by a home health nurse after discharge. Criteria for home health meals at the surgery are not met. Patient's disability status at the surgery has not been properly evaluated at this time. The need for home meals service has not been established at this time.