

<b>Case Number:</b>	CM14-0173748		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Spine Surgeon 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 59-year-old male who reported an injury on 09/22/2011. The mechanism of injury was not stated. The current diagnosis is cervical spine stenosis with radiculopathy at C4-5 and C5-6. The injured worker was evaluated on 08/04/2014 with complaints of persistent neck pain and left arm pain. Previous conservative treatment is noted to include medication management. The physical examination revealed decreased range of motion of the cervical spine, midline and paraspinal tenderness, negative head compression test, positive Spurling's maneuver on the left, decreased strength in the bilateral C5-C7 distributions, and decreased sensation in the left C5 and C6 distribution bilaterally. Treatment recommendations at that time included anterior cervical fusion and discectomy at C4-5 and C5-6. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RN assessment for post operative wound care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg/Skilled nursing facility (SNF) care

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

**Decision rationale:** The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. The injured worker's surgical procedure has not been authorized. Therefore, the current request is not medically appropriate.

**Home aid as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg/Skilled nursing facility (SNF) care

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

**Decision rationale:** The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. The injured worker's surgical procedure has not been authorized. Therefore, the current request is not medically appropriate.