

Case Number:	CM14-0176278		
Date Assigned:	10/29/2014	Date of Injury:	07/10/2012
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 23-year-old female who reported an injury on 07/10/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of left sided L5-S1 disc herniation. Past medical treatment consists of therapy and medication therapy. Diagnostic studies consists of x-rays of the lumbar spine, which showed spondylolisthesis or spondylosis. There was no severe degenerative change. MRI scans of the lumbar spine revealed left sided lateral recess and foraminal disc herniation at L5-S1 causing primarily foraminal stenosis. On 09/02/2014, the injured worker complained of back pain. The injured worker described it as burning and stabbing. It was documented that the injured worker rated the pain at a 5/10 to 6/10. On physical examination of the lumbar spine, there was no deformity. There was tenderness and spasm. Range of motion showed that the injured worker could flex to 50 degrees and extend to 20 degrees. Bending was 20 degrees to the right and 20 degrees to the left. Strength was maintained in all lower extremity myotomes bilaterally. Sensation was intact with the exception of the left sided L5-S1 dermatomes. Medical treatment plan consist of postop evaluation by an RN after the first 24 hours to the injured worker's home. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Evaluation by an RN after the first 24 hrs that the patient is home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Home Health Services

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

Decision rationale: The request for Post-op Evaluation by an RN after the first 24 hrs that the patient is home is not medically necessary. The California MTUS Guidelines recommend home health service only for medical treatment for patients who are homebound, on a part time more intermittent basis, generally up to more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning and laundry and personal care given by home health aides such as, bathing, dressing and using the bathroom, when this is the only care needed. There was no indication on the submitted documentation that the injured worker had undergone any type of surgery. Additionally, there was no indication on the report that the injured worker was homebound or unable to care for one's self. It was documented on physical examination that the injured worker's strength was maintained in all lower extremities. Furthermore, there was no rationale submitted to warrant the request of an RN. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary