

<b>Case Number:</b>	CM14-0185805		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Georgia and South Carolina. 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 29-year-old female who reported an injury on 07/20/2010. The mechanism of injury reportedly occurred when she lifted a door. Her diagnoses were noted to include status post lumbar laminectomy. Past treatments included injections. Diagnostic studies included an MRI of the lumbar spine performed on 07/23/2014, which was noted to reveal multilevel premature degenerative disc disease, small annular tears at L2-5 and mild facet arthropathy. Surgical history included a lumbar laminectomy, medial facetectomy, nerve root decompression, microdiscectomy performed on 10/03/2014. On 10/13/2014, the injured worker reported improved symptoms after operation with limited activity, per postop restrictions. Physical examination revealed limited range of motion secondary to surgery, tenderness to palpation of the lumbosacral spine secondary surgical incision, normal sensation, normal muscle strength and normal reflexes. Her medications were noted to include naproxen, Protonix and tramadol. The treatment plan included a followup visit. A request was received for home health care 5 times 4 for lumbar spine and a commode for the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was dated 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Home health care 5 x 4 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

**Decision rationale:** The request for associated surgical services: home healthcare 5 times 4 for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend home health services for patients who are homebound on a part time basis. The clinical notes indicate that the injured worker underwent back surgery on 10/03/2014. However, there is no documentation to indicate that the injured worker is homebound as she was able to attend a doctor's visit on 10/13/2014. As there is no documentation to support the need for home health care as opposed to in office care, the request is not supported. Therefore, the request is not medically necessary.