

<b>Case Number:</b>	CM14-0023686		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 spinal 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:

The patient is a 54-year-old male. He has chronic neck and back and right calf pain. He reports 9/10 back pain, Date of injury is December 1, 1999. Patient injured his back lifting boxes. Patient had lumbar fusion and neck fusion. CT scan shows L4-5 right-sided foraminal stenosis. MRI shows what L4-5 disc bulge with foraminal stenosis. He was diagnosed with L4 spinal stenosis. He has had conservative measures without relief. He desires to proceed with L4-5 right decompressive surgery and foraminotomy. At issue is whether home health aid is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH INITIAL VISIT, PLUS 1-2 AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** As per above guidelines, the patient does not have indicators that he will be home bound after the surgery. There is no indication in the medical records the patient has had a

formal assessment of his functional capacity. There is no indication the patient requires health aid now or after requested surgery. Most patients are very functional after single level lumbar decompressive surgery. More information needs to be available in the medical records to determine and patient meets criteria for a home health aide. Nothing yet suggests that he does. As such, Criteria for home health aide not met and the request for home health initial visit, plus 1-2 as needed is not medically necessary and appropriate.