

Case Number:	CM14-0056587		
Date Assigned:	07/09/2014	Date of Injury:	06/21/2011
Decision Date:	09/24/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Surgeon 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 44-year-old male with the date of injury of June 21, 2011. He has congenital spondylolisthesis. MRI lumbar spine shows L5-S1 disc protrusion. There is 3 mm of spondylolisthesis. The patient has bilateral pars defects. There degenerative changes in the facet joints. The patient complains of back pain related to his bilateral lower extremities with radiating pain. Physical examination shows tenderness to the lumbar spine and positive straight leg raise. Bilateral tibialis anterior and EHL 4+ over 5. Flexion-extension radiographs show 5 mm of abnormal motion. The patient has been recommended for lumbar surgery. At issue is whether home health services are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

Decision rationale: The medical records indicate that this patient is a smoker. The medical records indicate that the patient does not stop smoking prior to surgery. Also there is no

documentation of electrodiagnostic studies revealing radiculopathy at the L5-S1 level. Also the medical records do not contain a psychological evaluation prior to plan lumbar fusion. Established criteria for lumbar fusion surgery not met. The medical records do not document that the patient stopped smoking and has had a psychologic evaluation prior plan fusion. Criteria for lumbar fusion not met. Since criteria lumbar fusion are not met then home health at the surgery is not medically necessary.