

<b>Case Number:</b>	CM14-0066141		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 33-year-old female was reportedly injured on March 28, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014 indicates that there are ongoing complaints of low back pain with numbness and tingling in the right lower extremity. The physical examination demonstrated a positive right-sided bowstring test. There was decreased muscle strength with the right calf and flexion and extension. The right calf was also stated to have swelling and a shiny appearance. There was a diagnosis of right lower extremity CRPS any right-sided L4 - L5 disc herniation with radiculopathy. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for a postoperative healthcare 82 hours per day five days a week for six weeks and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op health care aid 2 hrs/day, 5 days/week for 6 week:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines home health services are only indicated for individuals were stated to be homebound on at least a part-time or intermittent basis. The available medical record does not state that after lumbar spine surgery that the individual will be homebound for six weeks time. Furthermore it is not stated that the injured employees children and roommate who live with her are unable to provide postoperative healthcare for two hours per day. Considering this, this request for postoperative home healthcare two hours per day seven days per week for six weeks is not medically necessary