

<b>Case Number:</b>	CM14-0086298		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Texas. 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 39 year old male injured on March 8, 2012. The mechanism of injury was noted as taking a tire off a vehicle. The most recent progress note dated April 7, 2014, indicated ongoing complaints of low back pain radiating to the bilateral lower extremities on the right worse than the left side as well as complaints of anxiety, depression, stress, and insomnia. The physical examination demonstrated diffuse tenderness from L3 through the sacrum. There was tenderness at the sciatic notch bilaterally. There was a positive bilateral straight leg raise test and motor weakness of the bilateral extensor hallucis longus. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion and facet arthropathy at L2-L3, L3-L4, L4-L5 and L5-S1. There is potential abutment of the right L4 nerve root and the left L5 nerve root. Previous treatment included a lumbar spine laminotomy and decompression at L3-L4, L4-L5 and L5-S1. Flexion extension radiographs revealed hypermobility at the L4-L5 level. The request for a home health evaluation, internal medicine clearance and 24 visits of postoperative physical therapy was denied in previous utilization review dated, May 16, 2014.

### 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 Page(s): 51.

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

**Decision rationale:** The request for home health evaluation is not medically necessary. The clinical documentation submitted does not support the request. There has been no documentation indicating that the patient has had recent surgery. Office note dated 04/07/14, noted a request for an anterior/posterior fusion from L3 to the sacrum. There has been no submission of any medical record that indicates that the injured worker has had surgery or is scheduled for surgery. As such, medical necessity has not been established.

**Internal medicine clearance:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 Official Disability Guidelines (ODG): Low Back, Preoperative Testing, General, Updated August 22, 2014.

**Decision rationale:** The request for internal medicine consult is not medically necessary. Office note dated 04/07/14 (this is the most recent note submitted), noted a request for an anterior/posterior fusion from L3 to the sacrum. There has been no submission of any medical record that indicates that the injured worker has had surgery or is scheduled for surgery. As such, medical necessity has not been established.

**24 post-operative rehabilitative physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Physical Therapy, Post-Surgical Page(s): 26.

**Decision rationale:** The request for 24 post-operative rehabilitative physical therapy visits is not medically necessary. Office note dated 04/07/14 (this is the most recent note submitted), noted a request for an anterior/posterior fusion from L3 to the sacrum. There has been no submission of any medical record that indicates that the injured worker has had surgery or is scheduled for surgery. As such, medical necessity has not been established.