

<b>Case Number:</b>	CM13-0043791		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 sustained a work related injury on January 24, 2011, falling backwards, with immediate pain in the neck, shoulders, and lower back. The injured worker underwent an anterior cervical discectomy with decompression of central spinal canal and bilateral foraminotomies C4-C5, partial corpectomy posteriorly C4-C5 and C5-C6, and anterior cervical interbody arthrodesis C4-C5 and C5-C6 on October 8, 2013. The injured worker's conservative treatments were noted to have included physical therapy, cervical traction, work modifications, epidural steroid injection, and oral medications. The Primary Treating Physician's visit dated September 4, 2013, noted the injured worker with complaints of incapacitating neck pain, low back pain, and bilateral upper extremity radiculopathy. Physical examination was noted to show painful loss of motion of the cervical spine, positive Spurling's sign for radiating arm pain, and weakness of the biceps musculature bilaterally with diminished reflex. A cervical spine MRI dated February 28, 2013, was noted to show severe cervical spondylosis at C5-C6 with a 2mm retrolisthesis, severe bilateral foraminal stenosis at C5-C6, and C4-C5 moderate to severe left and moderate right sided foraminal stenosis. The diagnostic impressions were noted as musculoligamentous sprain/strain, cervical spine, and cervical spondylosis and stenosis, c4-C5 and C5-C6, with bilateral C5-C6 upper extremity radiculopathy. The Physician noted the injured worker was a candidate for cervical spine surgery. The Physician requested authorization for Home Health Care following cervical spine surgery, five hours a day for five days. On October 7, 2013, Utilization Review evaluated the request for Home Health Care following cervical spine surgery, five hours a day for five days. The UR Physician's citations of guidelines used and

rationale was not included in the documentation provided. The request for Home Health Care following cervical spine surgery, five hours a day for five days was non-certified. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **HOME HEALTH CARE FOLLOWING CERVICAL SPINE SURGERY FOR 5 HOURS PER DAYS FOR 5 DAYS: 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 Pain section, Home health services

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health following cervical spine surgery five hours a day for five days is not medically necessary. Home health services are recommended on a short term basis following major surgical procedures or inpatient hospitalization, to prevent hospitalization, or to provide longer term nursing care and supportive services of those whose condition is such that they would otherwise require inpatient care. These services include both medical and nonmedical services for patients who are confined to the home (homebound) and who require skilled care by a licensed medical professional for such tasks as IV drugs, dressing changes, physical therapy; and personal care services for health-related tasks and assistance with activities of daily living that do not require skills of medical professionals such as bowel and bladder care, feeding etc.; domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary in addition to skilled and/or personal care services. The justification for medical necessity of home health services requires documentation for the services to be considered medically necessary. This includes, but is not limited to, the medical condition including objective deficits in function and specific activities precluded by such deficits; the expected kinds of services that will be required with an estimate of duration and frequency; the level of expertise and or professional licensure; and whether the individual is homebound. In this case, the injured worker's working diagnoses are anterior cervical discectomy with decompression of central spinal canal and bilateral foraminotomies at C4 & C5 and C5 & C6; musculoligamentous sprain/strain cervical; cervical spondylosis and stenosis at C4 & C5 and C5 & C6 with bilateral upper extremity radiculopathy. Subjectively, the injured worker has neck pain and bilateral upper extremity radiculopathy. Other complaints are low back pain. Objectively, there is pain with range of motion and neurologic evaluation shows decreased sensation in the C6 distribution bilaterally. There is weakness of the biceps musculature bilaterally with the decrease reflects. The documentation did not contain any discussion regarding home healthcare in the treatment plan. There is no documentation in the medical record the injured worker is homebound. There is no documentation of physical limitations medical record. Consequently, absent clinical documentation to support home health care, home health care following cervical spine surgery five hours a day for five days is not medically necessary.

