

Case Number:	CM14-0186949		
Date Assigned:	11/17/2014	Date of Injury:	02/13/2013
Decision Date:	01/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 Spine Surgeon 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 61 year old male who reported an injury on 02/13/2013. The mechanism of injury reportedly occurred while he was installing cable to a television, where he had to lift and maneuver the heavy television. His diagnoses were noted to include lumbar spinal strain, right lumbar radiculopathy, and multi-level disc herniation. Past treatments included medications. Diagnostic studies included an MRI of the Lumbar spine, which was noted to reveal multi-level degenerative disc disease with disc bulge from L1-S1 and moderate left neural foraminal stenosis at L4-5 and L5-S1. On 09/10/2014, the injured worker complained of low back pain radiating to the Sacroiliac joints and right hip, rated at a 5/10. Physical examination revealed smooth gait, increased radicular pain when walking on heels, positive straight leg raise, and motor strength was normal, sensation was normal, reflexes were normal, and there was tenderness to palpation of the lumbar paraspinals and right sciatic notch. Current medications were noted to include Naproxen 550mg and Tramadol. The treatment plan was noted to include continued home exercises, continued medications use, and a follow up examination. A request was received for a decision for associated surgical service: Home Health Nursing for daily dressing changes times 14. The rationale for the request was not provided. The request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home Health Nursing for daily dressing changes x 14 days:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The request for decision for associated surgical service: Home Health Nursing for daily dressing changes x 14 days is not medically necessary. California MTUS guidelines recommend home health services for medical treatment of patients who are homebound, on a part-time or "intermittent" basis. Clinical notes indicate that the injured worker underwent a fusion of L3-4 on 10/27/2014. However, there is no documentation, post-surgery, to indicate the status of the injured worker, in regards to being homebound. In addition, there is no documentation indicating the need for daily dressing changes, as such the request for home health nursing for daily dressing changes is not supported. Therefore, the request for Home Health Nursing is not medically necessary.