

Case Number:	CM14-0191808		
Date Assigned:	11/25/2014	Date of Injury:	10/17/2013
Decision Date:	01/22/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Surgery and is licensed to practice in Minnesota. 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 32-year-old male who complains of low back pain with radiation down the right lower extremity related to an industrial injury of 10/17/2013. He underwent conservative treatment and was evaluated with an MRI scan of the lumbosacral spine which reportedly showed a herniation at L5-S1 on the right. The MRI scan report is not available at this time. An authorization for surgery was noncertified by utilization review. The current request pertains to postoperative evaluation by a registered nurse at home the day after surgery. However, since the surgery has been noncertified, the postoperative home health visit was also noncertified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative lumbar spine evaluation by a registered nurse after the first 24 hours that the patient is home or the day after: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: California MTUS guidelines recommend home health services for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. The documentation provided indicates that a request for spine surgery for a disc herniation at L5-S1 on the right was noncertified. The requested home health care was for a nursing evaluation the day after surgery at home. However, since the requested surgical procedure is not medically necessary, the requested home health visit the day after surgery is not medically necessary.