

<b>Case Number:</b>	CM14-0197266		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/16/2006
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice and is licensed to practice in California. 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 63-year-old male who reported an injury on 07/16/2006 with an unspecified mechanism of injury. His diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and status post L3 to L5 bilateral decompression, laminectomy, and fusion. His past treatments included medication, physical therapy, a home exercise program, and surgery. The injured worker had an L3 to L5 bilateral decompression, laminectomy, and fusion performed on 10/29/2014. On 10/28/2014, the injured worker complained of lumbar pain that radiated to the bilateral lower extremities rated 7/10 to 9/10. The physical examination of the lumbar spine revealed tenderness to palpation and range of motion noted with forward flexion at 55 degrees, hyperextension at 15 degrees, right lateral bend at 15 degrees, left lateral bend at 15 degrees. His current medications included oxycodone 20 mg, aspirin low dose 81 mg, Tamsulosin 0.4 mg, atenolol 50 mg, Requip 1 mg, Topamax 50 mg, Xanax 25 mg, Flomax 0.4 mg, Cymbalta 60 mg, metformin 500 mg, Omeprazole 20 mg, folic acid 1 mg, and magnesium. The treatment plan included a home health registered nurse for the lumbar spine for 24 sessions (3x8). A rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Registered Nurse for Lumbar Spine 24 sessions (3x8): Upheld**

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

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

**Decision rationale:** According to the California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatments for injured workers who are home bound, on part time or intermittent basis with generally up to no more than 35 hours per week. The injured worker was noted to be status post decompression/fusion as of 10/29/2014. However, documentation failed to provide evidence in regards to the injured worker's status as being home bound, on a part time or intermittent basis, and need for medical treatment. In the absence of documentation indicating the injured worker to be home bound and in need of medical treatment, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.