

<b>Case Number:</b>	CM14-0099984		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 New Jersey. 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 worker is a 48 year old female who was injured on 5/4/2010. She was diagnosed with lumbar pain, lumbar stenosis, shoulder impingement syndrome, bilateral knee strain, right elbow strain, and chronic pain syndrome. She was treated with surgery (right shoulder), physical therapy, chiropractic treatments, medications, and a functional restoration program. MRI of the lumbar spine revealed a disc desiccation at L4-L5 and L5-S1 as well as an annular tear at L4-5, but without any significant stenosis or neural impingement at any level. On 4/18/2014, the worker was seen by a spinal surgeon for a follow-up reporting continual pain in her back and right shoulder. She rated her back pain at 10/10 and the shoulder at 6/10 on the pain scale. The pain primarily is axial (non-radicular) back pain, reportedly. Physical examination revealed BMI 35.7, guarded gait, no spinal instability, ability to walk on toes and heels, normal strength, mild sensory deficits involving the lower extremities (not specified), and normal reflexes. She was then recommended to have lumbar fusion surgery followed by a home visit by a registered nurse to provide postoperative assessment and instructions to the caregiver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Evaluation by RN 24 hours or day after surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306,Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The MTUS ACOEM Guidelines state that lumbar surgery only be considered when serious spinal pathology or nerve root dysfunction does not respond to conservative therapy (and obviously due to a herniated disc). The MTUS Guidelines for Chronic Pain state that home health services be recommended only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS also clarifies that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In the case of this worker, she was noted to have primarily axial pain and no subjective radiculopathy was mention in the history. Also, there was only minimal sensory loss (not detailed) on physical examination. MRI of the lumbar spine did not show obvious impingement of any nerve. Therefore, surgical intervention, based on the evidence found in the notes available for review, seems inappropriate. Therefore, the follow-up with a nurse would be medically unnecessary.