

Case Number:	CM15-0135851		
Date Assigned:	07/23/2015	Date of Injury:	12/24/2003
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 68-year-old female, who sustained an industrial injury on 12/24/03. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain; displacement of lumbar intervertebral disc without myelopathy; lumbar spinal stenosis with neurogenic claudication; thoracic or lumbosacral neuritis or radiculitis unspecified; left rib intercostal neuroma; comminuted pelvic fractures healed; intertrochanteric fracture; right femoral neck fracture; resolved pneumothorax; failed lumbar surgery; major depression; deconditioning.. Treatment to date has included status post lumbar laminectomy L3-4 and L4-5 (11/2009); epidural steroid injections; physical therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (12/9/13); EMG/NCV study lower extremities (8/9/11). Currently, the PR-2 notes dated 6/12/15 indicated the injured worker is in the office for a re-evaluation of her low back and left hip pain. She is scheduled for her lumbar MRI next week and then she is scheduled for lumbar L2-3, L3-L4 fusion on 6/30/15. The injured worker is a diabetic and was scheduled for surgery in 2014. She developed an open wound on the left great toe and the surgery was to be rescheduled for a later date. She states her pain is worse with aching across the low back and pain radiating down the left groin and lateral leg. She has weakness of the leg. The provider documents she is taking Norco and OxyContin with good relief and tolerating it well. Her pain levels are 10/10 without medications and coming down to 3/10 with medications. Her pain is made worse with sitting, standing, walking, bending and lifting and decreased with lying down and medications. She reports she lives alone and is a widow and her children do not live nearby. She states she has no one that can help her. She states

with medications she is able to take care of her home. She has a clinical history of diabetes and heart disease. On physical examination, the provider notes tenderness to palpation of the lower lumbar spine with decreased range of motion to 50 degrees flexion. She is unable to stand upright and stands with a forward flexed position from the waist. She continues with very limited external and internal rotation of the left hip. He documents a MRI of the lumbar spine from 12/9/13 and an x-rays of the lumbar spine dated 10/9/14. He has scheduled an updated lumbar MRI. She is a status post lumbar laminectomy of 11/13/09. She is also a status post left hip fracture with surgical repair in 2003 and neuropathic pain in the left chest secondary to chest tube trauma. The provider is requesting authorization of post-operative home health attendant for 3 hours/day for 4 days/week for first three weeks and post-operative home health nurse once/week for the first three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home health attendant for 3 hours/day, 4 days/week for 1st 3 weeks: Upheld

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

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

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning and laundry, and personal care given by home health aides. This is a prospective request for post-op care following another lumbar surgery. Of note, the patient will not be homebound from this surgery and her medications have controlled her pain well in the past. Without knowing the patient's post-op condition, home health services cannot be anticipated and thus the request is not medically necessary at this time.

Post-op home health nurse once/week for 1st 3 weeks: Upheld

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

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

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours/week. Medical treatment does not include homemaker services. The request is for a home health nurse visit once a week for three weeks. There is no rationale provided concerning why the patient needs weekly visits for three weeks following her upcoming lumbar surgery. A single visit to assess her immediate post-op condition and recommend appropriate home health aide services would be justified, however the request as is, is not medically necessary.