

<b>Case Number:</b>	CM15-0143868		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/06/1994
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 6, 1994. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for four weeks of home health care, two weeks of stay in an inpatient rehabilitation facility, and a TENS unit with associated supplies. The claims administrator acknowledged that the applicant was scheduled to undergo a decompressive laminectomy surgery on July 14, 2015. A progress note dated June 4, 2015 was referenced in the determination. On September 8, 2014, the applicant underwent a multilevel decompressive laminectomy at L3-L4 and L4-L5 to ameliorate preoperative diagnoses of severe spinal stenosis with superimposed spondylolisthesis. On April 23, 2015, it was acknowledged that the applicant had retired. The applicant was described as having unchanged severe spinal stenosis at L3-L4 and L4-L5. The applicant had developed issues with neurogenic claudication. The attending provider suggested that the applicant undergo a lumbar laminectomy-two-level posterior fusion at L3-L4 and L4-L5. The applicant was given refills of Dilaudid and Tramadol. On June 4, 2015, the applicant reported ongoing issues with chronic right L5 radiculopathy, severe spinal stenosis at L3-L4 and L4-L5, and anterolisthesis at L4-L5. The attending provider again sought authorization for the multilevel fusion surgery. Transportation to and from the hospital was sought. The attending provider posited that the applicant did not have a home health aide to care for his postoperative needs. Post-operative home health care was sought. Provision of a new TENS unit and associated supplies was also sought. Dilaudid was renewed. The attending provider stated that the applicant had already received a TENS unit and that he was seeking authorization for associated supplies for postoperative usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 weeks of Home Health care 7 days a week x 4 hours a day:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** Yes, the proposed four weeks of home health care at a rate of seven days a week and four hours a day was medically necessary, medically appropriate, and indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatments to applicants who are homebound, generally for up to no more 35 hours a week. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that medical treatment does not include homemaker services like shopping, cleaning, personal care, i.e., the services seemingly being sought here, this position is contravened by a more updated Medical Treatment Guideline (MTG) in the form of ODG's Chronic Pain Chapter Home Health Services topic which notes that home health services are recommended on a short-term basis following major surgical procedures, especially in those individuals who are homebound and/or in individuals who have a medical condition which is suspected to generate associated deficits in function. Here, the applicant was scheduled to undergo a multilevel lumbar spinal fusion surgery. The attending provider reported on June 4, 2015 that the applicant did not have family members who could take care of him postoperatively and/or perform the home health services at issue. The home health services at issue were in fact sought on a short-term basis following a fairly major two-level spinal fusion surgery. Temporary provision of the home healthcare at issue was, thus, indicated. Therefore, the request was medically necessary.

### **2 weeks of care in rehabilitation facility:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Skilled nursing facility (SNF) care.

**Decision rationale:** Similarly, the request for two weeks of care in a rehabilitation facility was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Low Back Chapter Skilled Nursing Facility Care topic states

that a skilled nursing facility or inpatient rehabilitation is recommended if necessary after hospitalization when an applicant requires skilled nursing or skilled rehabilitation services on a 24-hour basis. Here, again, the applicant was scheduled to undergo a two-level lumbar spine surgery. It was not unreasonable to infer or extrapolate that the applicant might temporarily require skilled nursing and/or rehabilitation services on a 24-hour basis following the hospitalization. Therefore, the request was medically necessary.

**TENS batteries, electrodes and lotion:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, postoperative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

**Decision rationale:** Finally, the request for TENS unit supplies in the form of batteries, electrodes, and lotion was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are recommended as a treatment option for acute postoperative pain in the first 30 days following surgery. Here, as noted above, the applicant was scheduled to undergo a major multilevel lumbar spine surgery. The applicant had already been given a TENS unit. Temporary usage of the TENS unit was indicated during the acute postoperative window following the spine surgery at issue, per page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. The request for provision of associated supplies to facilitate the same was, thus, indicated. Therefore, the request was medically necessary.