

<b>Case Number:</b>	CM15-0197821		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46-year-old female laundry assistant/housekeeper who sustained an industrial injury on 7/27/10. Injury occurred when she was pulling wet sheets off the floor with an acute onset of low back and left leg pain. Past medical history was reported negative. The 9/4/15 treating physician report cited grade 6-7/10 low back pain radiating into the left leg. Physical exam documented slightly antalgic gait with a cane, and tenderness over the paraspinals, sacroiliac joint, greater trochanters, and left knee. There was decreased sensation along the left dorsolateral foot and posterior calf, absent left ankle reflexes, inability to walk on heels and toes bilaterally, and positive left straight leg raise. There was 4+/5 left tibialis anterior and extensor hallucis longus weakness. The diagnosis included L5/S1 severe left foraminal stenosis, foraminal disc herniation, and lumbar degenerative disc disease. Conservative treatment had included epidural steroid injections, physical therapy, chiropractic treatments, medications, and activity modification. Authorization was requested for L5/S1 minimally invasive transforaminal lumbar interbody fusion, inpatient stay x 2 days, LSO brace, front-wheeled walker, pre-operative medical clearance, pre-operative lab testing with EKG and chest x-ray, and 8 home health registered nurse visits. There was no rationale presented to support the medical necessity of home health nursing. The 9/14/15 utilization review certified the requests for L5/S1 minimally invasive transforaminal lumbar interbody fusion, inpatient stay x 2 days, LSO brace, front-wheeled walker, pre-operative medical clearance, and pre-operative lab testing with EKG and chest x-ray. The request for eight home health registered nurse visits was modified to one home health registered nurse evaluation following lumbar fusion surgery to determine if home health services were necessary post-operatively, and if so, what level of care, frequency/duration, was necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Home health RN (registered nurse) visits, 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Guideline criteria have not been met. There is no specific rationale provided outlining the medical treatment to be performed by the registered nurse in the home. There is no evidence of significant co-morbidities. The 9/14/15 utilization review modified this request to one home health registered nurse evaluation to determine what home health services would be required in the post-operative period and to determine the frequency / duration of that care. There is no compelling rationale to support the medical necessity of home health services beyond the initial evaluation. Therefore, this request is not medically necessary.