

<b>Case Number:</b>	CM15-0035826		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

Certification(s)/Specialty: Pediatrics, Neurological 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:

The injured worker is a 53-year-old female who reported injury on 04/27/2012. The mechanism of injury was the injured worker was moving a client from the bed to the chair and injured her right shoulder and low back. The injured worker was noted to be certified for an inpatient L3-5 extreme lateral interbody fusion and posterior fusion with a hospital length of stay for 3 days with intraoperative neurophysiological monitoring and durable medical equipment including an Orthofix bone growth stimulator. The injured worker underwent an MRI of the lumbar spine without contrast on 01/17/2015. The injured workers diagnoses included displacement of lumbar intervertebral disc without myelopathy and lumbosacral spondylosis with myelopathy. There was no Request for Authorization 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 skilled RN visits x 3 for skilled observation of Incision Healing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. The clinical documentation submitted for review failed to provide a necessity for 3 home health visits. The frequencies of the visits were not provided. Given the above, the request for home health skilled RN visits x 3 for skilled observation of incision healing is not medically necessary.

**Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide clarification of what pain management included and when it was necessary. Given the above, the request for pain management is not medically necessary.

**Neurological Status:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide clarification of what neurological status meant when it was necessary. Given the above, the request for neurological status is not medically necessary.

**Home Safety:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide clarification of what home safety included when it was necessary. Given the above, the request for home safety is not medically necessary.

**Equipment Needs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide clarification of what equipment included and when it was necessary. Given the above, the request for equipment needs is not medically necessary.