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| <b>Case Number:</b>   | CM15-0049265 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 05/01/1998 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 76 year old female who sustained an industrial injury on 05/01/1998. Current diagnoses include lumbar spine sprain/strain with disc bulges, lumbar radiculopathy, history of bilateral carpal tunnel release, cervical spine sprain/strain, and lumbar facet arthropathy bilateral L4-L5 and L5-S1. Previous treatments included medication management, bilateral carpal tunnel surgery, facet neurotomy/rhizotomy, lumbar epidural steroid injection, and trigger point injections. Diagnostic studies included MRI's. Report dated 02/03/2015 noted that the injured worker presented with complaints that included severe right low back pain and muscle spasm with radiation into the upper buttock. Physical examination was positive for abnormal findings. The treatment plan included requests for authorization of Norco, gabapentin, amitriptyline, evaluation by a nurse for evaluation of additional safeguards in the home and injured worker's needs, Tizanidine, random urine drug screening, and return for re-evaluation in two months. The request for a nurse evaluation was due to the injured worker falling on several occasions due to weakness in her lower extremities, the ability to perform activities of daily living due to significant restrictions, and evaluation of needs for any assistance the injured worker may need. Disputed treatment includes nurse evaluation for additional safeguards.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nurse evaluation for additional safeguards:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Home Health Services.

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

**Decision rationale:** The patient presents with low back pain which radiates into bilateral lower extremities. The current request is for Nurse Evaluation for additional safeguards. The treating physician states, "A request for the patient to have her home evaluated by a nurse especially to evaluate if the patient would require any assistance as well as evaluation of additional safeguards in her home to prevent any further falls or risks for falls." (16) The MTUS guidelines state, "Recommended only for otherwise recommended medical treatment for patients who are homebound." In this case, the treating physician has documented that the patient is able to move around by herself and perform her self-care needs. The patient is able to be independent at home. (14) The current request is not medically necessary and the recommendation is for denial.