

Case Number:	CM15-0054178		
Date Assigned:	03/27/2015	Date of Injury:	01/04/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 injured worker (IW) is a 57 year old male who sustained an industrial injury on 01/04/2010. The injured worker reported right knee and lower back pain. The injured worker was diagnosed as having spinal stenosis and spondylolisthesis, cervical radiculitis, post laminectomy syndrome -lumbar, and lumbosacral neuritis not otherwise specified. Treatment to date has included back surgery, epidural steroid injection, heat treatment, ice treatment, massage therapy and physical therapy. Currently, the injured worker complains of low back and left foot pain (chronic regional pain syndrome) and persistent back pain after lumbar spine fusion. The treatment plan includes implantation of a permanent spinal cord stimulator. Home health nurse visits x3 days a week are requested for post spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse visits x3 days a week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services.

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Duration of this service is not specified. Home health nurse visits x3 days a week is not medically necessary.