

Case Number:	CM15-0082284		
Date Assigned:	06/04/2015	Date of Injury:	07/23/2013
Decision Date:	07/14/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/29/2015

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:

The injured worker was a 48-year-old male who sustained an industrial injury on 7/23/13. The mechanism of injury was not documented. The 8/19/14 lumbar spine CT myelogram showed a 4 to 5 mm disc osteophyte protrusion and calcification at L3/4 with encroachment of the thecal sac, spinal stenosis, and compromised traversing nerve roots bilaterally. At L4/5, there was a 30% loss in disc space height and 5 mm disc protrusion causing significant spinal stenosis and bilateral foraminal stenosis. The 3/21/15 treating physician report documented a diagnosis of lumbar spinal stenosis at L3/4 and L4/5 with instability. Authorization had been requested for a two-staged anterior-posterior lumbar fusion. Lumbar laminectomy, instrumentation and fusion at L3-L5 was recommended first, followed by anterior column support at L3/4 and L4/5 two months later. This is indicated as the injured worker had very tall discs and to decrease the risk of dural tears by trying to get large caging from a posterior approach. Lumbar spine exam documented +2 lumbar paraspinal spasms and tenderness, limited range of motion, and normal deep tendon reflexes. There was decreased L3/4 sensation bilaterally and 4/5 quadriceps and extensor hallucis longus weakness. Straight leg raise was positive on the left. The treatment plan was to proceed with posterior lumbar laminectomy, instrumentation and fusion at L3-L5/S1. Authorization was also requested for a post-operative home health nurse for 14 days. The 4/13/15 utilization review non-certified the request for 14 days of home health nurse as there was no indication that the associated surgery had been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 days post-operative home health nurse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back and knee chapters, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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. This injured worker has been recommended for a 2-level posterior lumbar laminectomy and fusion. There is no evidence of significant co-morbidity. There is no specific rationale submitted with this request evidencing a specific medical treatment to be performed by a skilled home health nurse. In the absence of this documentation, the medical necessity of this request cannot be established. Therefore, this request is not medically necessary.