

Case Number:	CM14-0211546		
Date Assigned:	12/24/2014	Date of Injury:	09/04/2012
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 30-year-old woman who sustained a work-related injury on September 4, 2012. Subsequently, the patient developed chronic low back pain. Prior treatments included: lumbar support, medications, physical therapy, chiropractic care, home exercises, epidural injections, electro-acupuncture, TENS, use of assistive devices, and psychotherapy. Lumbar MRI dated September 11, 2014 showed mild L4-5 degenerative disc disease with dorsal annular fissure as well as mild facet degenerative disease. Severe right L5-S1 facet degenerative disease was observed. The patient underwent L4-5 anterior interbody fusion on November 17, 2014. According to the orthopedic postoperative report dated December 2, 2014, the patient stated that her lower back pain has improved dramatically. She was not having any lower extremity pain or numbness at the time of the visit. However, she stated that she has been noticing increasing pain within the left groin. She had also noted swelling. She had no calf pain but pain within the groin itself off to the left-hand side. Physical examination revealed a well healed incision. Her abdomen was only mildly tender to palpation. Her lower extremities were 5/5. In the bilateral lower extremities, she was quite strong throughout. She had no major decreased sensation within the left groin. The patient did not have visible swelling. She was exquisitely tender to palpation within the left groin itself and there was palpable swelling within this region. She had a visible difference in the temperature of her legs and the left lower extremity was very warm as compared to the right. She had a negative Homans sign, which did not elicit pain within the calf itself. Just stretching the leg did give her a significant amount of pain within the left groin, however. The patient was diagnosed with lumbago and status post L4-5 anterior lumbar

interbody fusion. The provider requested authorization for Home health to aide in post surgical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health to aide in post surgical care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: According to MTUS guidelines, home care assistance is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. (CMS, 2004). The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore the request for Home health to aide in post surgical care is not medically necessary.