

<b>Case Number:</b>	CM15-0018832		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona  
 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 57-year-old female who reported an injury on 08/19/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her neck and low back. The injured worker exhausted conservative treatment for the low back and spinal fusion surgery was recommended. The injured worker underwent an MRI on 09/03/2014 that identified a grade 1 anterolisthesis of the L2 over the L3, L3 over L4, and L4 over L5. The injured worker was evaluated on 12/18/2014. Examination findings at that appointment included tenderness to palpation of the lumbar paravertebral musculature with limited range of motion secondary to pain and a positive straight leg raising test bilaterally. It was documented that the injured worker had decreased sensation in the L4 through S1 dermatomal distributions bilaterally. The injured worker's diagnoses included cervical discogenic disease, lumbar discogenic disease with radiculopathy, chronic low back pain, and headaches. The injured worker's treatment plan included continuation of medications and lumbar fusion surgery from the L4 to the S1. A request was made for a post-operative home evaluation and treatment. No request for authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op home health evaluation:** Upheld

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

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

**Decision rationale:** The requested postoperative home health evaluation is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health be provided to injured workers who are homebound, on a part time or intermittent basis. The clinical documentation submitted for review does indicate that the injured worker is a surgical candidate. However, there is no documentation that the injured worker will be homebound postoperatively and will not be able to attend medical treatment appointments outside of the home. Therefore, the need for home health care is not supported in this clinical situation. As such, the requested postop home health evaluation is not medically necessary or appropriate.

**Home health aide for post op wound evaluation 4x5x2:** Upheld

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

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

**Decision rationale:** The requested home health aide for postop wound evaluation 4 x 5 x 2 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health care for patients who are homebound, on a part time or intermittent basis. The clinical documentation does not indicate that the injured worker would not be able to attend office visits for wound evaluation postoperatively. Therefore, the need for in home health care would not be supported. As such, the requested home health aide for postop wound evaluation 4 x 5 x 2 is not medically necessary or appropriate.