

Case Number:	CM15-0174753		
Date Assigned:	09/17/2015	Date of Injury:	08/31/2012
Decision Date:	10/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This injured worker is a 60-year-old male who sustained an industrial injury on 8/31/12. Injury occurred when he was the unrestrained passenger in a work truck that hit a brick wall. The airbags deployed and he collided with the dashboard. Past medical history was positive for a deep vein thrombosis in the left leg. Social history was positive for current smoking. The 6/12/15 lumbar spine MRI demonstrated a 4 mm broad-based posterior disc protrusion effacing the ventral surface of the thecal sac and facet hypertrophy, resulting in bilateral neuroforaminal narrowing, right greater than left. There was canal stenosis and bilateral exiting nerve root compression. At L5/S1, there was a broad-based disc protrusion effacing the ventral surface of the thecal sac resulting in left neuroforaminal narrowing. The central canal was adequately patent. The 7/22/15 treating physician report cited increasing low back pain radiating into both legs, right greater than left. Physical exam documented lumbar muscle spasms and tenderness with normal lower extremity strength and negative bilateral straight leg raise. There was decreased sensation in the bilateral L5 dermatomes. The treatment plan recommended L4/5 decompressive lumbar laminectomy and fusion with instrumentation at L4/5. The treating physician opined the need for a significant amount of decompression that would inherently destabilize the spine and require fusion. An appeal request was submitted on 8/18/15 for L5/S1 posterior lumbar interbody fusion at L4/5. Authorization was also requested for post-operative home health nurse for daily dressing changes and wound check for 14 days. The 8/24/15 utilization review certified an appeal request for posterior lumbar interbody fusion at L4/5. An associated request for post-operative home health nurse for daily dressing changes and wound

check for 14 days was modified to an initial home health nurse evaluation to determine the need for home health services and level of care necessary with length of time for visit and the number of visits necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health nurse for daily dressing changes and wound check for 14 days:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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, generally 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. Guideline criteria have not been met. This injured worker is certified for a posterior lumbar interbody fusion at L4/5. The 8/24/15 utilization review modified this request to a home health nursing evaluation to determine the level of care and frequency/duration of home health services needed by this injured worker in the post-operative period. There is no compelling rationale to support the medical necessity of additional home health care certification at this time. Therefore, this request is not medically necessary.