

Case Number:	CM15-0067949		
Date Assigned:	04/15/2015	Date of Injury:	12/13/2013
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 55-year-old male, who sustained an industrial injury on 12/13/13. He reported low back pain, thoracic spine pain, and left leg pain. The injured worker was diagnosed as having lumbar disc extrusion at T12-L1, lumbar herniated nucleus pulposus at L4-5, lumbar spondylosis, degenerative disc disease, lumbar radiculopathy, and previous lumbar laminectomy and discectomy at L4-5. Treatment to date has included lumbar epidural steroid injections at T12-L1 and L4-5 on 12/22/14. Other treatment included physical therapy and medications. A MRI Of the lumbar spine performed on 2/6/14 revealed a large subligamentous central disc extrusion with free fragment causing moderate spinal canal narrowing at T12-L1. Multilevel disc bulges and facet arthropathy causing neural foraminal narrowing worst at L4-5 was also noted. Currently, the injured worker complains of low back pain. The treating physician requested authorization for post-operative home health nursing care 1x14. The treatment plan included anterior lumbar interbody fusion at L3-4 and L4-5 with reduction of lateral listhesis and reduction of the retrolisthesis followed by posterior spinal fusion and instrumentation at L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home health nursing care 1xday for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, employee does not appear to be 'homebound'. The treating physician does not detail what specific home health nursing services the patient should have. Additionally, the medical records provided do not support the use of home health nursing services as 'medical treatment', as defined in MTUS. As such, the current request for Post-op home health nursing care 1x day for 14 days is not medically necessary.