

<b>Case Number:</b>	CM15-0079726		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 1/27/14. The injured worker has complaints of lower back pain and left sciatic pain. The diagnoses have included lumbar instability, L5-S1 (sacroiliac) to L5 pars defect; L4-5 central and foraminal stenosis due to degenerative changes of the disc and facet joints and left L4, L5 and S1 (sacroiliac) radiculopathy. Treatment to date has included lumbar spine computerized tomography (CT) scan; physical therapy; naproxen; omeprazole; ibuprofen; tramadol and hydrocodone. The request was for registered nurse (RN) evaluation and home safety evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Registered nurse (RN) evaluation and home safety evaluation:** 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) Low Back - Skilled nursing facility (SNF) care; Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

**Decision rationale:** Regarding the request for RN evaluation and home safety, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, it appears that the patient has a pending lumbar spine surgery. While some decreased ability to complete activities of daily living is expected after such a procedure, there is no documentation identifying why the patient is expected be homebound despite the use of appropriate assistive devices and in need of specialized home nursing care. In the absence of such documentation, the currently requested RN evaluation and home safety is not medically necessary.