

<b>Case Number:</b>	CM14-0140743		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43 year-old man who sustained a work-related injury on 06/26/12. He is being treated for low back pain. He has had physical therapy, hot pack therapy, electric stimulation therapy, and therapeutic exercise. He has persistent localized tenderness and intermittent moderate pain with certain activities or forceful rapid movements and was scheduled for a lumbar laminectomy and fusion at L4 through S1 with internal fixation on 09/02/14. A magnetic resonance imaging (MRI) reveals severe discogenic sclerosis and marked degeneration at L5-S1 and moderate degeneration at L4-5 with spinal stenosis. He has had acupuncture for his pain about 1 year ago and it did not help his pain in his back, it helped only his shoulder. On examination, there is tenderness to palpation at the lumbar paraspinal spinous processes especially at L4-S1, tenderness at sacral angles, and poor lumbosacral rhythm. The diagnosis is spinal stenosis of lumbar region. Home health aide visits have been recommended for low back pain post lumbar surgery. The request for 30 Home Health Aide visits for 4 hours a day for 30 days, as an outpatient for low back pain post lumbar surgery was denied on 08/22/14 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Home Health Aide visits for 4 hours a day for 30 days, as an outpatient for low back pain post lumbar surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, home health services are recommended only for otherwise recommended medical treatment for injured workers 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. If the medical necessity of post-operative home health nurse visits is not indicated as regular follow-ups in the medical office would suffice for post-operative management of wound healing and general medical management, then the injured worker is not considered homebound. In this case, there is no indication that the injured worker is homebound. There is no documentation of significant functional impairment after surgery requiring part time home aid. Thus, the request is not considered medically necessary.