

Case Number:	CM13-0021325		
Date Assigned:	11/08/2013	Date of Injury:	01/12/2008
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed. The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; TENS unit; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 21, 2013, the claims administrator denied a request for home health aide and a walker. In a letter of September 5, 2013, the applicant's attorney appealed. The applicant's attorney states that the applicant is in fact home bound. He states that the applicant is suffering from urinary incontinence and is having difficulty with standing and walking. The applicant is reportedly having lumbar radiculitis with weakness in the left leg. It is stated that the applicant therefore requires a walker to move about. Only July 17, 2013, the claimant's primary treating provider states that the applicant is in need of home healthcare. In a nursing assessment report of July 5, 2013, it is stated that the applicant suffers from chronic neck, left upper extremity, right upper extremity, and low back pain. The applicant is having difficulty doing laundry. She has urinary incontinence. She is using a cane for ambulation purposes. She is having difficulty preparing meals, doing housekeeping, doing laundry, and shopping for groceries. She is receiving aid from friends and neighbors, it is stated. It is stated that the applicant would benefit from the aid of a home healthcare attendant to facilitate changing of linens, laundry, preparing meals, washing dishes, housekeeping, and grocery shopping. The applicant does not have a dishwasher, it is further noted. In a medicolegal evaluation of February 26, 201

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a walker with seat, basket and brake: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Power mobility devices Page(s): 99.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 12, maximizing rather than minimizing activity is indicated as debilitation and irritation can result from prolonged bed rest. Chronic or long-standing usage of a walker would only serve to promote bed rest, debility, and immobility here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of canes and/or walkers in individuals who have functional mobility deficits, in this case, it is not clear what functional mobility deficit the applicant has which would require a walker to facilitate ambulation. The applicant does have multifocal pain complaints; however, these multifocal pain complaints and left leg weakness are not so profound that they would prevent her from ambulating about of her own accord. It is further noted that the home health assessment of July 8, 2013 was notable for comments that the applicant was able to use a single-point cane to ambulate about. On February 26, 2013, the applicant was able to transfer to and from an exam table of her own accord, albeit slowly. In this case, it does not appear that provision of a walker is indicated for the applicant's condition as usage of this device would likely limit as opposed to maximize the applicant's activity, going forward. It further appears that the applicant is able to ambulate with the aid of a cane. Therefore, the original utilization review decision is upheld. The request

Home aid for 6 hours a day, 5 days a week until revisit appointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are not recommended for provision of activities of daily living, help with housekeeping, cooking, cleaning, shopping, etc. Thus, the services being stopped by the applicant's attorney and primary treating provider are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of one month trial of a TENS unit in those individuals with chronic intractable pain of greater than three months' duration that has proven intractable to other appropriate pain modalities, including pain medications. In this case, there is no evidence that a prior successful one-month trial of a TENS unit was obtained before the request for purchase of the unit was made. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review, although it is noted that the claimant's failure to progress with other appropriate modalities, including pain medications, would have supported a 1-month trial rental here.

Purchase of a corset: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 12, lumbar supports are not endorsed outside of the acute phase, for symptom relief purposes. They are not recommended in the chronic pain context present here. At this point, several years removed from the date of injury, ongoing use of the lumbar support is not recommended by ACOEM as further usage of the lumbar support, at this point, would only serve as more further immobility and disuse, neither which is to be encouraged. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review