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| Case Number: | CM13-0027813 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 06/22/2003 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 09/02/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has filed a claim for complex regional pain syndrome (CRPS) and chronic pain syndrome associated with an industrial injury date of June 22, 2003. Treatment to date has included opioid and non-opioid pain medications, aquatic therapy, physical therapy, home health, and foot surgery. Medical records from 2013 through 2014 were reviewed showing the patient complaining of 8-10/10 lumbar spine pain and 9/10 leg/foot pain. The patient is being maintained on a stable Naprosyn and hydrocodone regimen. Physical examination demonstrated antalgic gait, tenderness and swelling over the right lower extremity. There was a positive bracelet sign for the left greater than the right. The BMI of the patient is less than 19. A detox program was suggested in case narcotic use escalates. Hydrocodone/APAP increase the ability to perform simple house chores and decreases the visual analogue scale (VAS) by 3-4. Home health duties according to the notes were cleaning the dishes, taking out the garbage, cleaning the kitchen, and doing the laundry, among other tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO DETOX PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, detoxification may be necessary for intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement. In this case, the patient is stable with the current Hydrocodone/APAP regimen and has been reported to have increased ability to perform simple house chores and decreased pain scores due to this medication. There was no mention of any comorbid psychiatric illnesses or aberrant drug behavior. In addition, the detox program was only suggested if the dosage of opioids were to escalate, which it has not. Therefore, the request for a referral to detox program is not medically necessary.

MONTHLY POOL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22-23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, the patient has been participating in aquatic therapy however, there is no documentation concerning functional gains attributed to this treatment. In addition, the patient is not extremely obese with a BMI of less than 19. The request also does not indicate any duration. It is unclear why land-based therapy would be insufficient. Therefore, the requested monthly pool therapy is not medically necessary.

12 WEEKS OF HOME HEALTH SERVICES 6 HRS/DAY, 5 DAYS/WEEK: 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).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, home health services do not include homemaker services like shopping, cleaning, and laundry. In this case, the home health service notes indicate that tasks such as taking out the garbage, cleaning the kitchen, and doing laundry were among the tasks that were being done for the patient. These tasks are not medical treatment. Therefore, the request for home health services is not medically necessary.