

<b>Case Number:</b>	CM13-0061639		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/19/1998
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Family Medicine, and is licensed to practice in Tennessee, California, Florida, and Maine. 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 56 year old female whose date of injury is 8/19/98. On this date she was struck by a piece of metal. Treatment to date has included lumbar laminectomy at L5-S1 and a lumbar spinal cord stimulator implanted in 2009. The injured worker underwent lumbar epidural steroid injection on 11/7/13. A progress report dated 11/27/13 indicates that she complains of cervical pain, bilateral shoulder pain, low back pain, bilateral elbow pain, and bilateral numbness in the hands. A note dated 12/16/13 indicates that the injured worker reported at least 50% pain relief after epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH CARE (4 HOURS X 5 DAYS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support home health services for injured workers who are homebound on a part-time

or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part-time or intermittent basis. The specific medical treatment to be provided is not documented. As such, the request is not medically necessary.

**ORTHOPEDIC MATTRESS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MATTRESS SELECTION

**Decision rationale:** The Official Disability Guidelines (ODG) note that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. As such, the request is not medically necessary.

**RETROFIT COMMODE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AETNA CLINICAL POLICY BULLETIN, BATHROOM AND TOILET EQUIPMENT AND SUPPLIES

**Decision rationale:** There is no clear rationale provided to support the request at this time and no indication that the injured worker is unable to utilize a regular commode. There is no indication that the injured worker is unable to rise from a toilet seat without assistance. As such, the request is not medically necessary.

**PHYSICAL THERAPY WORK HARDENING FOR 6 VISITS:** 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 WORK CONDITIONING/WORK HARDENING Page(s): 125-126.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA MTUS) guidelines note that an injured worker must be no more than two years post date of injury to participate in a work hardening program. This injured worker's date of injury is over 15 years old. There is no pre-program functional capacity evaluation or mental health evaluation

submitted for review as required by CA MTUS guidelines. There are no specific, time-limited treatment goals provided. As such, the request is not medically necessary.