

Case Number:	CM13-0067300		
Date Assigned:	05/07/2014	Date of Injury:	12/14/2008
Decision Date:	06/13/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 a 48 year old female who reported neck pain and right upper extremity tremors and has a date of injury of 12/14/08. Treatment includes extensive analgesic and psychotropic medications, physical therapy, biofeedback and acupuncture. The patient is receiving significant amounts of cognitive behavioral therapy and she is in an active aquatic exercise program. Over time her pain complaints have spread to multiple extremities and have become pan-spinal. She uses a cane for ambulation and an unspecified tremor in the right upper extremity is noted on exam. At this time the records do not reveal the cervical issues as causing a gait disturbance or lower extremity problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR SPA FOR HEAT/HOT TUB TREATMENT 1 TIME PER WEEK FOR 6 WEEKS (1X6) FOR NECK PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Chronic Pain, General Principles for Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acute and Chronic, Cold/Heat Applications.

Decision rationale: MTUS guidelines do not address this particular issue with much specificity. The Official Disability Guidelines (ODG) states that local application of hot packs are adequate to address the application of this modality. The use of a spa and/or hot tub are not supported. Alternative methods of heat application are supported in guidelines and would allow for a more directed application of this modality. Therefore, the request for spa for heat/hot tub treatment once a week for six weeks for the neck pain is not medically necessary and appropriate.

REQUEST FOR IN-HOME HEALTH EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Page(s): 51.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended if a patient is home bound and needs specific nursing services in relation to their medical issues. It is well established that the patient is not home bound and travels frequently for the various therapies she is receiving. There is no medical necessity evident for the request in relationship to the cervical spine and is not supported by MTUS Guidelines. Therefore, the request for in home health evaluation is not medically necessary and appropriate.

REQUEST FOR GRAB-BARS FOR BATHROOM AND TUB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Page(s): 51.

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

Decision rationale: Generally, before any home DME is recommended there is a professional evaluation by an Occupational Therapist. In this case, this has not been completed and it's necessity in relationship to the cervical spine has not been medically established. Additionally, a cane assisted gait is documented, but no specific neurological deficits are documented. MTUS Guidelines do not address this issue with much specificity, but the principles of Home Health Care would be the same. Therefore, the request for grab-bars for the bathroom and tub is not medically necessary and appropriate.