

Case Number:	CM13-0070411		
Date Assigned:	06/23/2014	Date of Injury:	04/10/1988
Decision Date:	08/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 66-year-old male who reported an injury on 04/10/1988. The mechanism of injury was not provided. The injured worker has a history of low back pain. On the note dated 12/05/2013, there is one notation discussion a home exercise program in which it states there is a referral to a physical therapist and the reason is for gentle home exercise program with home option secondary to lack of transportation to regularly participates in physical activity at an outside facility. Upon examination on 06/26/2014, the injured worker complained of stomach pain and right leg pain. The relief that the medication provided was 50% to 60%. Examination of the lumbar spine revealed straight leg raise was negative bilaterally. Inspection of the spine curvature was normal. Current medications included folic acid 400 MCG, Gabapentin 400 mg 1 capsule every 8 hours, Trazodone 100 mg as needed at bedtime, metoprolol succinate 50 mg extended release 1 tablet once a day, furosemide 40 mg 1 tablet once a day, omeprazole 40 mg 1 capsule daily, Seroquel 50 mg 1 tablet at bedtime, Tamsulosin HCL 0.4 mg 1 capsule 30 minutes after the same meal each day, Cymbalta 60 mg once a day, iron 246 mg 1 tab once a day, vitamin C 500 mg chewable as directed. Surgeries included surgical debridement and fasciotomies of his right leg and buttocks in 11/2009. The injured worker diagnoses included chronic pain syndrome and end of batter life of intrathecal infusion pump - V53.09, ERI 3 months. The pump was refilled with hydromorphone 15 mg/ml 20 ml. Prior treatments were not included in the documentation. The rationale and request for authorization form were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown initial home physical therapy visits for symptoms related to lumbar spine injury, (unspecified frequency/duration/# of visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , [acoempracguides.org/low back](http://acoempracguides.org/low-back);Table 2, Summary of Reccomendations, low back disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Psychical Medicine Page(s): 51, 98-99.

Decision rationale: The request for unknown initial home physical therapy visits for symptoms related to lumbar spine injury, (unspecified frequency/duration/# of visits) is not medically necessary. The injured worker has a history low back pain. There was mention of prior physical therapy but there was lack of documentation of frequency and functional improvements of the visits. The California MTUS Guidelines recommend home health services for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Recommendations for therapy are to allow for fading of treatment frequency up to 3 visits in 1 week or less plus active self-directed home physical exercise. There is insignificant documentation as to the necessity of home base therapy. The request has an unknown number of visits and the duration of visits requested. As such, the request for unknown initial home physical therapy visits for symptoms related to lumbar spine injury, (unspecified frequency/duration/# of visits) is not medically necessary.