

<b>Case Number:</b>	CM13-0071949		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 underlying date of injury in this case is 11/05/2008. The patient's initial mechanism of injury is that she was lifting boxes to move to a different office. The patient's diagnosis is status post lumbar laminectomy and discectomy. The specific date of the patient's surgery is not available in the current information. The patient's past treatment has also included 145 sessions of acupuncture since June 2011. On 12/04/2013, the patient's treating orthopedic surgeon saw the patient in follow-up. The patient noted complaints of sharp and frequent pain in the mid to low back with stiffness radiating to the lower extremities. The patient complained of post-injection bladder incontinence which was essentially urge incontinence, with the ability to hold her urine but not long enough to go to the bathroom. She did not have any saddle-type paresthesias or weakness in the legs. On physical examination the patient had decreased lumbar motion with no bruising, swelling, atrophy, or other lesion in the lumbar spine. There was tenderness to palpation in the lumbar paravertebral muscles. The patient ambulated with a cane. The treating orthopedic surgeon recommended continued caregiver care 4 days per week, 8 hours per day, as well as transportation to and from doctor appointments. The treating physician also recommended use of a Tempur-Pedic bed and mattress, noting that a hospital bed was exacerbating the patient's low back pain and muscle spasm and was causing numbness and noted the patient was unable to lie flat and that a Tempur-Pedic bed and mattress would help alleviate her pain and spasms. The treating physician additionally recommended continued acupuncture treatment. An acupuncture report of 10/09/2013 notes the patient was complaining of numbness and tingling and slight swelling in the upper extremities and in the face. That report notes that objectively the patient had an increase ability to perform activities of daily living and recommends continued acupuncture with a goal of increasing range of motion and increasing functional and decreasing pain and the frequency of flare ups of symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE HOME CARE GIVER (HOURS) QTY:192:** 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:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on home health services, states that home health services are recommended for patients who are homebound and require assistance with specific activities of daily living. The medical records at this time do not contain a functional assessment to clarify why this patient would be considered homebound or with what activities of daily living the patient would require assistance. Given this patient's reported diagnoses and the lack of substantial neurological deficits on exam, it is unclear why the patient would be considered to be homebound. The treatment guidelines have not been met. This request is not medically necessary.

**TRANSPORTATION TO AND FROM DOCTOR AND THERAPY APPOINTMENTS:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knees/Transportation.

**Decision rationale:** The Medical Treatment Utilization Schedule does not directly discuss indications for transportation to and from doctor appointments. The Official Disability Guidelines/Treatment in Workers Compensation does discuss transportation under the section of the Knees/Transportation and states that transportation is recommended for medically necessary transportation to appointments in patients with disabilities preventing them from self transport. It is unclear why this patient would be unable to self transport utilizing public transportation or a taxi. The records have very limited information otherwise to support a rationale as to why this patient would require transportation to and from physician appointments. This request is not medically necessary.

**TEMPURPEDIC BED AND MATTRESS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 76.

**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/Mattress Selection.

**Decision rationale:** This request is not specifically discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines/Treatment in Workers Compensation/Low Back discusses mattress selection and concludes that there are no high-quality studies to support the purchase of any particular type of mattress for medical reasons. It is unclear why the patient would be unable to lie flat in a hospital bed, which the patient apparently currently has and which would be designed to allow for a variety of positions. Overall this request for a Tempur-Pedic bed and mattress is not medically necessary.

**ACUPUNCTURE QTY:12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, states that acupuncture use may be extended if functional improvement is documented as defined in section 92.20. Section 92.20 notes specific criteria for objective documentation of functional improvement. In this case the medical records state that this patient has improved functionally, but that documentation is nonspecific and non-verifiable in terms of the particular functional goals which may have been achieved. Moreover, this patient's past acupuncture treatment of 145 sessions substantially exceeds the guidelines for continued acupuncture use even if there had been a history of clear functional benefit from such treatment. Overall the request for acupuncture does not meet the treatment guidelines. This is not medically necessary.