

Case Number:	CM14-0005483		
Date Assigned:	01/24/2014	Date of Injury:	04/12/2013
Decision Date:	06/12/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery 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 claimant is a 38-year-old male who was injured on April 2013. Till December 2013 treatment measures include analgesics, wheelchair, transfer care, and epidural steroid injection, time off work, temporary total disability. The progress note from December 18, 2013 documents severe low back pain rated as 10/10 and unchanged. Lumbar range of motion is limited on examination and severe pain is exhibited during the interview and exam. The claimant is documented as being able to walk, although this is limited secondary to pain. The clinician recommends that wheelchair secondary severe low back pain. A lumbar epidural steroid injection was performed on November 15, 2013 found to be not effective. An open MRI was performed and documents a disc bulge at L4-5 contacting the traversing L5 nerve root. The review questions from December 26, 2013 which denied the requests for home health services, the wheelchair, and a hand held urinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE ASSISTANCE DAILY X6 WEEKS: 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 MTUS specifically notes that home health services are only recommended for individuals who are homebound on a part-time or intermittent basis. Additionally, the interest comments that this is only for medical treatment and does not cover homemaker services such as shopping, cleaning, and laundry or personal care given by home health aides like bathing, dressing, and using the bathroom. As such, the request for Home Health Care Assistance is not medically necessary.

WHEELCHAIR FOR HOME USE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM clearly recommends against the use of bed rest in the management of subacute and chronic low back pain, and recommends increased activity. The topic of wheelchairs is not specifically addressed, but there is no clear indication based on the clinical documentation provided that a wheelchair is necessary for community ambulation. In fact, the claimant is documented as being able to walk during the appointment. As such, the request for Wheelchair for Home Use is not medically necessary.

HAND HELD URINAL FOR HOME USE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM clearly recommends against the use of bed rest in the management of subacute and chronic low back pain, and recommends increased activity. The topic of handheld urinals is not specifically addressed, but there is no clear indication based on the clinical documentation provided that a hand held urinal is medically necessary. In fact, the claimant is documented as being able to walk during the appointment. As such, the request for Hand Held Urinal is not medically necessary.