

<b>Case Number:</b>	CM14-0102744		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 38-year-old female was reportedly injured on April 26, 2010. The mechanism of injury is noted as being dragged by a car approximately 6 feet. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of low back pain and leg swelling. The physical examination demonstrated swelling of the lower extremity and an antalgic gait. Diagnostic imaging studies of the lumbar spine revealed a prior fusion at L4 - L5 and L5 - S1 as well as a fusion of the SI joints bilaterally. Previous treatment includes a lumbar spine fusion and subsequent hardware removal, right knee arthroscopy, SI joint fusion, physical therapy, home exercise, acupuncture and transforaminal epidural steroid injections. A request had been made for a service dog and was not certified in the pre-authorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Service Dog:** 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 [http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)

**Decision rationale:** According to the American Disabilities Act service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. According to the attached medical record there is insufficient evidence that the injured employee would benefit from the use of a service dog. As such, this request for a service dog is not medically necessary.