

Case Number:	CM14-0015991		
Date Assigned:	06/04/2014	Date of Injury:	12/15/2001
Decision Date:	08/04/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old with a work injury to her low back dated 12/15/01. Her diagnoses include status post laminectomy and discectomy, L5-S1 (1/25/02); status post anterior posterior fusion, L4-S1, with cage fixation and screws; status post revision decompression L2-4 with revision posterior fusion and repair of pseudarthrosis L4-S1, (4/2004); severe disc collapse with right lateral listless and instability L3-4; severe disc collapse with right lateral listless and instability L3-4; severe lumbar radiculopathy; COPD. On the date of the injury, she was pushing a half-oak barrel out front of the store for display when she slipped on the floor and landed flat on her bottom with her knees extended. She eventually underwent a discectomy at L5-S1 on 01/25/02 followed by an anterior-posterior fusion from L4 to S1 on 02/24/03. Under consideration is a request for an assist queen size bed and home health care 6hrs/day, 5 days/week. There is a 2/2/14 appeal of denial, which states that due to her progressive spinal stenosis and loss of mobility, the patient requires assistance for even basic activities of daily living. Instead of appealing the request, there is a request for a home ergonomic evaluation by an occupational therapist that will be able to give specific recommendation about this patient's needs, especially in a patient who is rapidly becoming paraplegic. There is a 1/8/14 secondary treating physician report that states that the patient her back is causing significant pain and she is still awaiting approval for the hospital bed that was requested. She describes having difficulty in performing her activities of daily living, including showering, as her husband is out of town for work during the week and she is left with no assistance. The treatment plan states that the patient's husband is working out of town and she does not have anyone else to care for her. Her husband leaves the home Sunday night and gets back on Friday night. Currently, she is essentially wheelchair bound and is at significant risk for falls and if she did experience a

significant fall, she is at risk for not being able to get up on her own. The patient's husband is basically providing her with all of her needs at this time, including assisting in all of the meal preparations, bathing and dressing. There is a request for the patient to receive in home healthcare 6 hours a day, 5 days a week to help her while she is alone at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

POWER ASSIST QUEEN SIZED BED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ,(http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Power assist queen size bed is not medically necessary per the ODG guidelines. The MTUS guidelines do not address this issue. The ODG states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The documentation is not clear why the patient needs a specialized bed over a regular bed. There is no documentation of a physical exam besides vital signs and BMI on documentation submitted. There is no documentation of the bilateral lower or upper body. The request for a power assist queen sized bed is not medically necessary.

HOME HEALTH CARE 6 HRS PER DAY, 5 DAYS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (<http://www.odg-twc.com/odgtwc/>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): p.51.

Decision rationale: The request for home health care 6 hours per day, 5 days per week is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend home health care only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker when this is the only care needed. The documentation does not indicate medical treatment for the patient. The request for home health care 6 hours per day, 5 days per week is not medically necessary.