

Case Number:	CM14-0151465		
Date Assigned:	09/19/2014	Date of Injury:	04/11/1999
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 50-year-old gentleman who was injured in a work related accident on 04/11/99. The records provided for review documented a diagnosis of failed low back surgery syndrome. The PR2 report of 07/15/14 reveals continued low back complaints, severe in nature with physical examination showing tenderness to the paravertebral musculature, restricted range of motion, but no neurologic findings. Prior clinical records documented that the claimant has been treated for depression and anxiety in relationship to his low back complaints for which he is status post a lumbar fusion. The medical records do not document any indication of gait abnormality or the reports of recent clinical imaging for review. This review is for continued use of transportation services to and from all medical related activities and visits as well as home health care assistance seven days a week for five hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services for medically related visits: 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) Knee and Leg Procedure Summary, Department of Health Care Services-California www.dhcs.ca.gov/services/medi-cal Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1 Criteria for Medical Transportation and Related Services R-15-98E II. Nonemergency Medical Transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Transportation (to & from appointments)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for transportation services for medically related visits would not be indicated. The ODG Guidelines recommend transportation service for patients and individuals with disabilities preventing themselves from self-transportation. This individual is noted to have continued chronic pain and diagnosis of low back related disorders. There is no documentation of a disability that would prevent public or private transportation for this individual. There is no indication of gait disturbance, abnormalities, or inability to ambulate. The continued use of transportation services for all medical visits going forward would not be indicated.

Home healthcare 5 hours per day/7 days per week: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Guidelines do not support the request for home health services five hours a day, seven days a week. While the request in this case is for 35 hours of home health services per week, there is no documentation in the clinical records that indicates the claimant is home-bound on a permanent or intermittent basis or what health services are required. While he is noted to have chronic low back related complaints, documentation fails to indicate home-bound status for this claimant who has been to multiple physician and clinical office appointments over the past several years. While the claimant is noted to have chronic pain, there is currently no indication for continued home health services at this subacute stage from time of claimant's injury.