

Case Number:	CM14-0199918		
Date Assigned:	12/10/2014	Date of Injury:	03/24/2003
Decision Date:	12/17/2014	UR Denial Date:	10/28/2014
Priority:	Expedited	Application Received:	12/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and an umbilical hernia reportedly associated with an industrial injury of March 24, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; reported diagnosis with an umbilical hernia; and an H-Wave device. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve a request for home health services, denied an orthopedic mattress, and denied transportation to and from appointments. The applicant's attorney subsequently appealed. In a progress note dated September 24, 2014, the applicant reported ongoing complaints of low back pain, 8-9/10. The applicant was using an H-Wave device daily. The applicant's wife was performing activities of daily living such as cooking and cleaning for him. The applicant complained that his mattress was 9-10 years old and stated that he did not have adequate transportation to and from appointments. The applicant was not working, it was acknowledged. The applicant exhibited a large umbilical hernia. Palpable lumbar tender points were noted. The applicant was severely obese, standing 5 feet 10 inches tall, weighing 260 pounds. The applicant was using a cane to move about. An orthopedic mattress, umbilical hernia repair, diagnostic facet blocks, weight loss program, Norco, Ambien, Prilosec, Lidoderm, Soma, and Senna were endorsed while the applicant was seemingly kept off of work. Medical transportation and home health services at a rate of eight hours a day, seven days a week, was sought. It was suggested (but not clearly stated) that home health services were intended for the purposes of assistance with cooking, cleaning, and other activities of daily living. In a progress note dated June 11, 2014, the applicant again reported ongoing complaints of low back pain. The applicant stated that his umbilical hernia had increased in size. The applicant's pain complaints were in the 8-9/10 range. The applicant stated

that medications were helping. The applicant stated that his spinal cord stimulator was likewise helping. Transportation and home health services were again sought while multiple medications, including Norco, Ambien, Prilosec, Lidoderm, Soma, and Senna were continued. The applicant was asked to pursue an umbilical repair, weight loss program, and a bariatric surgery. This particular note was very similar in context to the subsequent note of September 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health ongoing 8 hrs/day, 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. In this case, it appears that the request for home health services represents a request for assistance in terms of activities of daily living such as cooking and cleaning. Such "homemaker services" are specifically not covered when this is the only care needed, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Home Health Ongoing 8 hours/day, 7 days a week is not medically necessary.

Ortho mattress: 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), Low Back Chapter.

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

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines, Low Back Chapter notes that it is "not appropriate for providers to order mattress or bedding for patients," noting that the evidence base is "so weak." ACOEM further notes that applicants should select those mattresses, pillows, beddings, and/or sleeping surfaces which are most comfortable for them, noting that this is, ultimately, an article of applicant preference. In this case, it is noted that the attending provider simply ordered the mattress on the grounds that the applicant's current mattress was worn down after 9-10 years of use and that the applicant was in need of a replacement. Therefore, the request for Ortho Mattress is not medically necessary.

Transportation to and from medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard Of Care

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Transportation.

Decision rationale: As noted in the MTUS-adopted, ACOEM Guidelines, Chapter 5, Page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. ACOEM, thus, takes the position that conveyance to and from appointments is a matter of applicant responsibility as opposed to a matter of medical necessity. In a similar vein, ODG's Knee and Leg Chapter, Transportation topic notes that medically necessary transportation is indicated for applicants who have disabilities which prevent them from self-transport. In this case, however, the attending provider indicated on his progress note that the applicant did not possess his own transportation. It appeared that the applicant did not have a car owing to financial constraints. It does not appear, thus, that the applicant has a medical disability or medical constraints which would prevent him from attending appointments independently. Therefore, the request for Transportation To and From Medical Appointments is not medically necessary.