

<b>Case Number:</b>	CM14-0026805		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/29/1997
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 and neck pain reportedly associated with an industrial injury of January 28, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a functional restoration program; multiple lumbar fusion surgeries; multiple cervical spine surgeries; a home health aide; and extensive periods of time off of work. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for an orthopedic spine surgery evaluation, a psychiatry reevaluation treatment, transportation for medical appointments, and a home health aide four times weekly. The full text of the Utilization Review Report, it is incidentally noted, was not provided. The rationale was not seemingly furnished. The applicant's attorney subsequently appealed. In a progress note dated December 3, 2013, the applicant was described as reporting low back pain radiating down the bilateral legs, 5-6/10. The applicant was still having difficulty with even basic activities of daily living, despite having completed a functional restoration program, it was stated. The applicant's wife was driving him around town. The applicant was receiving the services of a home health aide to assist in performance of activities of daily living, it was stated. The applicant was having continued difficulty with depression and anxiety, it was stated. The applicant stated that he needed brand name medications. The attending provider stated that the applicant needed a reevaluation with psychiatry to determine whether or not psychotropic medications are warranted. The applicant is asked to continue a functional restoration program. It was stated that the applicant also required transportation to and from medical appointments. The attending provider also set forth a request for home health care. It was stated that the applicant did have a somewhat flat affect with associated anxiety.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ORTHOPEDIC SPINE EVALUATION AND TREATMENT:** Overturned

**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 Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has multifocal neck and back complaints status post multiple cervical and lumbar spine surgeries. Obtaining the added expertise of an orthopedic spine surgeon to determine whether the applicant is a candidate for further spine surgery is indicated. Therefore, the request is medically necessary.

### **PSYCH RE-EVALUATION AND TREATMENT:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need referral to a psychiatrist for medicine therapy. In this case, the applicant has significant complaints of stress, anxiety, and depression. The attending provider stated that the applicant is a candidate for introduction/reintroduction of psychotropic medications. Obtaining reevaluation with a psychiatrist and ongoing treatment with the same is therefore indicated. Accordingly, the request is medically necessary.

### **TRANSPORTATION FOR MEDICAL APPOINTMENTS:** 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 topic. Page(s): 51.

**Decision rationale:** The attending provider has indicated that the exclusive purpose of the home health aide is to facilitate performance of non-medical activities of daily living, such as cooking,

cleaning, household chores, etc. Such services are specifically not covered when they are the only services being sought, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**HOME AID TIME 4 DAYS A WEEK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. Thus, the service being sought by the attending provider, namely transportation to and from medical appointments, has been deemed, per ACOEM, to be an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.