

Case Number:	CM14-0028219		
Date Assigned:	06/13/2014	Date of Injury:	11/17/1999
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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:

According to the records made available for review, this is a 64-year-old with an November 17, 1999 date of injury, and status post anterior lumbar interbody fusion at L4-5 and L5-S1 June 22, 2010 and status post anterior cervical discectomy and fusion 11/02. At the time (2/13/14) of request for authorization for continued home care assistance 3 times a day, 3 times a week and gym membership for 6 months at [REDACTED], there is documentation of subjective (improvement of low back pain, and lower extremity radicular pain following treatment; continued neck pain) and objective (cervical spine tenderness to palpation and spasm over the paraspinal musculature and trapezial muscle bilaterally and decreased range of motion; lumbar spine mild tenderness to palpation with spasm over the paraspinal musculature, midline tenderness over the L3, L4, and L5, straight leg raise elicits increased back pain extending to the level of the knee, and decreased range of motion) findings, current diagnoses (status post anterior lumbar interbody fusion at L4-5 and L5-S1 with interbody cage migration into the endplate of L4 and lateral shift of L4 and L5, per radiographs; multilevel lumbar degenerative changes with no evidence of subluxation of intervertebral disc prosthesis and fusion at L4 to S1, L4-5 central stenosis and potential left-sided nerve root compression, per MRI and CT; status post anterior cervical discectomy and fusion at C5-6, November 6, 2002 with residual cervical musculoligamentous sprain/strain), and treatment to date (ESI and medications). January 23, 2014 medical report identifies the patient is limited in her ability to perform household chores and heavy lifting, bending, stopping and carrying. Regarding the requested continued home care assistance three times a day, three times a week, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and that the patient is homebound on a part-time or intermittent basis. Regarding the requested gym

membership for 6 months at [REDACTED], there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED HOME CARE ASSISTANCE 3 TIMES A DAY, 3 TIMES A WEEK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, the Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of status post anterior lumbar interbody fusion at L4-5 and L5-S1 with interbody cage migration into the endplate of L4 and lateral shift of L4 and L5, per radiographs; multilevel lumbar degenerative changes with no evidence of subluxation of intervertebral disc prosthesis and fusion at L4 to S1, L4-5 central stenosis and potential left-sided nerve root compression, per MRI and CT; status post anterior cervical discectomy and fusion at C5-6, November 6, 2002 with residual cervical musculoligamentous sprain/strain. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and that the patient is homebound on a part-time or intermittent basis. The request for continued home care assistance, three times daily, three day per week, is not medically necessary or appropriate.

GYM MEMBERSHIP FOR 6 MONTHS AT [REDACTED]: 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, Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of status post anterior lumbar interbody fusion at L4-5 and L5-S1 with interbody cage migration into the endplate of L4 and lateral shift of L4 and L5, per radiographs; multilevel lumbar degenerative changes with no evidence of subluxation of intervertebral disc prosthesis and fusion at L4 to S1, L4-5 central stenosis and potential left-sided nerve root compression, per MRI and CT; status post anterior cervical discectomy and fusion at C5-6, 11/6/02 with residual cervical musculoligamentous sprain/strain. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, that there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for gym membership for 6 months at [REDACTED] is not medically necessary.