

<b>Case Number:</b>	CM14-0028477		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/15/1995
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Interventional Spine 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:

This patient is a 59-year-old male with a date of injury of 12/15/1999. The listed diagnoses are: Encounter long Rx use 2. Postlaminectomy syndrome, lumbar. The medical file provided for review includes only 1 progress report. According to progress report 12/05/2013, the patient presents with chronic low back pain. Examination revealed patient "is appearing uncomfortable." Examination of the lumbar spine revealed there is tenderness to palpation over the right lumbar facet and left lumbar facet. Straight leg raise is positive bilaterally. All other examination was within normal limits. Treater states the patient is here for medication management and reports no change in his back or leg pain. He continues to try to walk most days. He states he has been having a week long episode of left leg pain. The patient's medication includes Amitiza 24 mcg, diazepam 5 mg, and Percocet 10/325 mg. The request is for home healthcare 4 hours a day 2 times a week and compression clothing including shirt, shorts, and socks. Utilization Review denied the request on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 4 HOURS 2 X A WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Home health services, page 51.

**Decision rationale:** This patient presents with chronic back and leg pain. The request is for home healthcare aid for 4 hours a day 2 times a week. The medical file provided for review does not include any discussions regarding this request. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the one progress report that is provided for review does not include any significant findings that would require a home healthcare nurse. The treater does not discuss patient's physical deficits or whether the patient's is home-bound. Recommendation is for denial.

**COMPRESSION CLOTHING (SHIRT SHORTS AND SOCKS):** 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).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non MTUS Official Disability Guidelines (ODG) Leg and Knee chapter.

**Decision rationale:** This patient presents with chronic low back and leg pain. The request is for compression clothing shirt, shorts, and socks. The medical file provided for review includes one progress report and this report does not discuss this request. The ACOEM and MTUS guidelines do not discuss compression clothing. ODG under its leg and knee chapter has the following regarding Compression garments, "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." In this case, the treater provides no discussion of why compression garments are needed for this patient. Furthermore, leg compression garments are recommended for patients with leg ulcers or post-thrombotic syndrome which this patient does not suffer from. Recommendation is for denial.