

Case Number:	CM14-0040815		
Date Assigned:	08/04/2014	Date of Injury:	03/20/2003
Decision Date:	09/30/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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:

Patient is a 64-year-old female who has submitted a claim for major depressive disorder, lumbar sprain/strain, lumbar discogenic disease, lumbar radiculitis, status post fracture of left distal tibia, complex regional pain syndrome of the left lower extremity, right ankle sprain/strain, and chronic pain syndrome associated with an industrial injury date of 3/20/2003. Medical records from 2012 to 2014 were reviewed. Patient reported symptoms of hopelessness, helplessness, depression, sadness, and tearfulness. There was no suicidal ideation. Thought process was normal. There were no hallucinations, delusions, and paranoia. Patient likewise reported low back pain, rated 6/10 in severity, radiating to bilateral lower extremities. Patient received home care in March to April 2014, assisting her in activities of daily living. Patient's husband is her 24/7 home caregiver. The patient likewise experienced left ankle pain, aggravated by standing and walking. She experienced worsening of low back pain since the acupuncture treatments were stopped. Patient reported that acupuncture resulted to decrease in pain severity and reduction in pain medications intake. Patient was prescribed omeprazole for gastrointestinal complaints, such as gastritis, nausea, and regurgitation. She is seeing her psychologist 4 times a week, and her neurologist once a month. Physical examination of the lumbar spine showed tenderness, spasm, and restricted range of motion. Straight leg raise test was positive bilaterally. Examination of the left ankle showed tenderness and fixed dorsiflexion inversion deformity. Neurologic exam was intact. Mental status exam showed a depressed and tearful patient. Patient was alert, and oriented to time, place, and person. Treatment to date has included psychotherapy, group therapy, use of orthopedic shoes, orthopedic bed, orthopedic mattress, lumbosacral orthosis, acupuncture, and medications such as Prilosec, gabapentin, and Voltaren gel. Utilization review from 3/4/2014 denied the request for 6 acupuncture sessions because of continued significant functional deficit despite previous acupuncture sessions; denied 1 pair of orthopedic shoes because there was no

guideline stating that rigid orthotics may help reduce pain experienced during walking; denied 1 orthopedic bed and mattress because of no evidence for efficacy; modified the request for 24/7 psychiatric home care into one psychiatric care 20 hours per week for two months because patient's husband previously provided some care, hence, a 24/7 care was not necessary; denied 1 consultation with an Internist because there was no evidence of any other significant signs or symptoms documenting gastric complications; and denied Lumbar spine orthosis because it was only indicated during the acute phase of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient completed a course of acupuncture previously; however, the exact number of sessions attended is unknown. Patient reported that acupuncture resulted to decrease in pain severity and reduction in pain medications intake; hence, extension of therapy services may be indicated. However, the request as submitted failed to specify body part to be treated. The request is incomplete; therefore, the request for 6 acupuncture sessions is not medically necessary.

1 pair of orthopedic shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotics.

Decision rationale: ODG Guidelines state that foot orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). In this case, patient complained of left ankle pain, aggravated by standing and walking status post fracture of left distal tibia. Provision was made for orthopedic shoes in the past, as stated from progress report dated 11/25/2013. However, there is no clear rationale presented concerning

necessity for a new set of orthotics at this time. There is likewise no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for one pair of orthopedic shoes is not medically necessary.

1 orthopedic bed and 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, Low Back - Lumbar & Thoracic (Acute & Chronic), Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Mattress Selection.

Decision rationale: ODG Guidelines states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference. In this case, patient complained of low back pain radiating to bilateral lower extremities. Provision was made for an orthopedic mattress in the past, as stated from progress report dated 11/25/2013. However, there is no documented rationale concerning necessity for a new mattress at this time. There is likewise no documentation concerning pain relief and functional improvement derived from its use. Therefore, request for orthopedic bed and mattress is not medically necessary.

24/7 psychiatric home care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev 144, 05, 06, 11) Chapter 11 - Home health Services ; Section 50.2 (Home Health Aide Services).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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, patient received home care from March to April 2014, assisting her in activities of daily living. Patient reported symptoms of hopelessness, helplessness, depression, sadness, and tearfulness. There was no suicidal ideation. Patient's husband was reported to be her 24/7 home caregiver. However, there is no discussion concerning necessity for 24/7 psychiatric home care at this time. The most recent mental status exam showed a depressed and tearful patient, but she was alert, and oriented to time, place, and person. Thought process was normal. There were no hallucinations, delusions, and paranoia. The medical necessity cannot be established due to insufficient information. Moreover, the requested 24/7 home care exceeded guideline recommendations of no more than 35 hours per week. There is likewise no clear indication in the

medical records provided that the patient has a need for professional nursing services for the purposes of home health. Guideline criteria were not met. Therefore, the request for 24/7 psychiatric home care is not medically necessary.

1 consultation with an Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM Guidelines state occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of gastrointestinal symptoms such as gastritis, nausea, and regurgitation. She was prescribed Prilosec, however, response to therapy was not specified. Moreover, there was no abdominal physical examination to further support the present request. There was no indication of failure of current therapies for the patient's pain problems, which may warrant referral to a specialist. There is no clear rationale for the requested service. Therefore, the request for 1 consultation with an Internist is not medically necessary.

Lumbar spine orthosis.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient complained of low back pain radiating to bilateral lower extremities. Provision was made for a back brace in the past, as stated from progress report dated 11/25/2013. However, there is no clear rationale presented concerning necessity for a new set of orthotics at this time. There is likewise no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for lumbar spine orthosis is not medically necessary.