

Case Number:	CM14-0060663		
Date Assigned:	07/09/2014	Date of Injury:	12/01/2011
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 56-year-old female who has submitted a claim for lower back pain associated with an industrial injury date of 12/01/2011. Medical records from 2012 to 2014 were reviewed and showed that patient complained of low back pain. Patient is reportedly authorized for lumbar spine surgery but date is not yet scheduled at this time. Physical examination of the lumbar spine revealed no swelling. However, tenderness was noted with mild muscle guarding present over the paraspinal musculature. Straight leg raise test is positive on the left. ROMs are limited. Sensation to light touch is decreased in the left L5 dermatome. Treatment to date has oral analgesics, opioid medications, surgery; cervical spine fusion (2012). Utilization review dated 04/23/2014 denied the request for adjustable orthopedic bed because there were no indications for the request. The same review denied the requests for home health services and transportation because the provider has not submitted sufficient and/or complete information regarding indication for such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health four hours day x three days per week for eight weeks post lumbar surgery:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG web 2011 FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: As stated in page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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, the patient is reportedly authorized for lumbar spine surgery however, date of surgery is not yet scheduled. Medical necessity of home health care has not been established at this time. Therefore, the request for Home Health Aide is not medically necessary.

Adjustable Orthopedic bed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG web 2011FDA.

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: CA MTUS does not specifically address mattress selection. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that in mattress selection, it is not recommended to use firmness as a sole criterion. 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 and individual factors. In this case, the patient complained of low back pain. However, the guidelines do not support the use of mattress for treatment of low back pain as it is extremely subjective. There is no discussion as to why variance from the guidelines is necessary. Therefore, the request for Orthopedic Mattress is not medically necessary.

Transportation for surgery, doctors visits and therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (To and From Appointments).

Decision rationale: CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the

same community for patients with disabilities preventing them from self-transport. In this case, the patient is reportedly authorized for lumbar spine surgery however, date of surgery is not yet scheduled. Medical necessity for transportation to medical appointments has not been established and may be premature at this time. Therefore, the request for Transportation for surgery, doctors visits and therapy is not medically necessary.