

Case Number:	CM14-0068161		
Date Assigned:	07/11/2014	Date of Injury:	02/23/2000
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old male who reported injury on 02/23/2000. The mechanism of injury was not a slip and fall. The injured worker's diagnoses included status post spinal cord injury on full paralysis of the lower extremities and status post spinal surgery on 01/21/2001, as well as chronic pain, shoulder, arms and hand pain, and trigeminal neuralgia. The injured worker underwent an EMG/NCV on 02/12/2014 which revealed severe radiculopathy in the bilateral L5 and S1, left sided peroneal impingement across the fibular head, and bilateral sensory neuropathy. The documentation of 04/09/2014 revealed the injured worker was having back stiffness, numbness in the right and left legs, and weakness in the bilateral legs. The injured worker back pain. The injured worker's medications included Alprazolam 1 mg tablets, Baclofen 10 mg tablets, Cymbalta 60 mg tablets, Duragesic 50 mcg per hour patch 72, Famotidine 40 mg, Gabapentin 600 mg, Mirtazapine 30 mg, Modafinil 200 mg, Olanzapine 2.5 mg, Promethgan 25 mg suppositories, Senna Docusate 8.6-50 mg tablets, and Trazodone 50 mg tablets. The physical examination revealed the injured worker had gait and station mid position without abnormalities. The muscle groups' strength was 0/5 for all muscle groups. The psychiatric examination revealed the injured worker had orientation times 3 with mood and affect appropriate to situation. Neurologically, the injured worker had L4, S1 and L5 dermatomes with decreased sensation to light touch bilaterally. The reflexes were 0/4. The injured worker was noted to be wheelchair bound, cheerful, and in increased discomfort. The injured worker was noted to be wheelchair bound due to weakness of lower extremities from a spinal cord injury since 2005. The treatment plan included a psychiatric evaluation and treatment, home health and ramps. The documentation indicated the injured worker had a prior psychological evaluation on 11/13/2013. There was a lack of documentation indicating whether the injured worker was currently receiving

psychological treatment. The subsequent documentation indicated that the injured worker had extensive requests for home health care and ramps, bed, bathtub accommodations, and transfer chair over the course of 6 years with variable responses. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair ramps purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical policy Durable Medical Equipment CG-DME-10.

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 Chapter, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need, or if the device meets Medicare's definition of durable medical equipment. Durable medical equipment is defined as equipment which can withstand repeated uses, as in could normally be rented or used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to an injured worker in the absence of illness or injury, and is appropriate for use in an injured worker's home. The clinical documentation submitted for review failed to provide a rationale for the request, as the injured worker was noted to be in a wheelchair since 2005. There was a lack of documentation indicating the type of wheelchair ramps to be purchased. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, as well as a documented rationale for the request made 9 years after the injured worker begun utilizing a wheelchair. Given the above, the request for Wheelchair ramps purchase is not medically necessary.

Psychiatric evaluation and treatment: 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 Ongoing Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker previously had a psychological evaluation. There was a lack of documentation indicating a rationale for a new psychiatric evaluation. There could be no decision on treatment until the injured worker had a recent psychiatric evaluation. Given the above, the request for psychiatric evaluation and treatment is not medically necessary.

Home health: 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 California MTUS Guidelines indicate that home health services are recommended for injured workers who are home bound, and who are in need of part time or intermittent medical treatment for up to 35 hours per week. The medical treatment does not include home health aide and homemaker services. The clinical documentation submitted for review failed to provide a documented rationale for the necessity for home health. There was a lack of documentation indicating the injured worker was home bound, and was in need of part time or intermittent medical treatment. The request as submitted failed to indicate the frequency and duration for the home health. Given the above and the lack of clarification, the request for Home health is not medically necessary.