

<b>Case Number:</b>	CM14-0089967		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/04/1983
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

The patient is a 58-year-old female with date of injury of 04/04/1983. The listed diagnoses per [REDACTED] dated 04/29/2014 are: 1. Chronic osteomyelitis, other specified sites. 2. Chronic pain syndrome. 3. History of facial fracture. 4. Inflammatory conditions of jaw. 5. Central giant cell reparative granuloma. 6. Dysphagia, pharyngeal phase. 7. Laryngospasm. 8. Major depressive disorder, recurrent episode, severe without mention of psychotic behavior. 9. Back pain. According to this report, the patient complains of sharp pain in the back and is worried about possible "abdominal side effects." The patient is having episodes of sharp and intense left lower back pain. Previous work on core strengthening was quite beneficial. She has difficulty with swallowing liquids and solids with frequent choking, occasional episodes of laryngospasm with loss of consciousness. The physical examination shows the patient is accompanied by a registered nurse and case manager. She has a distorted face from previous surgeries and chronic facial injury complications. There is significant reduced range of motion of the jaw. No current significant tenderness to palpation and erythema. Neck and thyroid is supple with no significant adenopathy. Port side appears normal with no erythema. There is tenderness to palpation in the lumbar area, no tenderness along the spinous process, muscles are tight, and range of motion is reduced. The utilization review denied the request on 06/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASSISTANT TO RUN ERRANDS 3X PER WEEK, INCONTINENCE MANAGEMENT,PICK UP PRESCRIPTIONS, PICK UP MAIL, ASSIST TO HELP PAY BILLS, TO HELP MANAGE PAYROLL AND TAXES FOR 24/7 RN CARE, HELP WITH COMPUTER DUTIES AND FILING PAPERWORK,MANAGE INSURANCE AND LEGAL,MANAGE FORMS, CORRESPONDENCE, EMAILS, MANAGE OFFIC:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines ( [HTTP://WW.MEDICARE.GOV/PUBLICATIONS/PUBS/PDF/10969.PDF](http://www.MEDICARE.GOV/PUBLICATIONS/PUBS/PDF/10969.PDF))

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

**Decision rationale:** This patient presents with a sharp pain in the back. The treater is requesting an assistant to run errands 3 times per week. The MTUS Guidelines page 51 on home health services recommends this service for patients who are homebound 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, laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The 07/24/2013 AME notes that the patient's gait is within normal limits. There is full range of motion of all joints. Muscle strength, muscle bulk and tone appear to be normal in the upper and lower extremities 5/5 including hand grip bilaterally. The patient does not sleep well and is frequently awake in need of care during the night, either for medications and/or if she is having a choking spell. The 04/29/2014 report notes that due to complications of the facial fracture and initial repair, the patient needs extensive support including 24-hour nursing care and immediate attendance to help with episodes of laryngospasm and syncope, possible resuscitation, etc. Treater also states that nursing care is also required for management of her complex medication regimen including support in the management of her house and ADLs. She is currently fighting her ex-husband for their home. She is unable to drive. The patient has difficulty hearing and appears to have aged and gained weight in the last 18 months. Her cognitive state appears somewhat compromised, possibly due to medications. She is estranged from her family members. The patient is able to communicate her needs; however, the extent of her ability to talk was not fully documented in the reports. She continues to experience frequent choking and laryngospasms with loss of consciousness. The 08/15/2014 report notes that the patient is limited in her ability to lift items and her knees gives out when walking. The 05/19/2014 RFA contains the attached note from the 07/31/2013 PR-2 stating, "Provide 2-4xper month housekeeping services (\$45-50.00/hour x2-4 hours per visit)." In this case, there is a lack of a clear documentation of the patient's cognitive functional compromise to determine that all of the requested services are essential. While the patient appears to have suffered complex facial fracture, there is no evidence of brain injury. The patient has not been taken to a skilled nursing facility. There is documentation that the patient is able to walk with normal limbs. All of the listed services do not appear medically indicated. Recommendation is for denial.

**CONTINUED PSYCHOLOGICAL CARE SERVICES:** 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 Cognitive behavioral therapy (CBT)

**Decision rationale:** This patient presents with a sharp pain in the back. The physician is requesting continued psychological care services. MTUS Guidelines pages 101 to 102 on psychological treatments, states that it is recommended for appropriately identified patients during treatment of chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. ODG recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and, with evidence of objective functional improvement, up to 6 to 10 visits over 5 to 6 weeks. The 04/29/2014 psychology report by [REDACTED] notes that the patient is still experiencing chronic pain and ongoing treatment for infection but appears to be actively engaging in her life. She is anxious yet appears driven by her purpose. In addition, her cognitive state appears somewhat compromised, possibly due to medications. The psychology reports from 02/19/2014 to 04/28/2014 show a total of 8 visits. In this case, the patient received 8 psychological treatments recently and continued psychological treatment may be reasonable; however, the physician does not mention how many treatment sessions. All treatments should be time-limited, and progress monitored. For major depression ODG guidelines allow up to 20 sessions and for PTSD, up to 50 and more if necessary. This request does not specify what psychological services are to be continued and for how long. This request is not medically necessary.

**Structural modifications and or repairs of shower/bathroom, hand held shower head, shower bench with back and hand rails, raised toilet seat with hand rails on adjacent walls, structural modification to stair railing into garage and bedroom for patient safety, structural modification of 2 safe exits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines ( [HTTP://WWW.MEDICARE.GOV/PUBLICATIONS/PUBS/PDF/10969.PDF](http://www.Medicare.gov/publications/pubs/pdf/10969.pdf))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable Medical Equipment (DME):

**Decision rationale:** This patient presents with a sharp pain in the back. The physician is requesting structural modifications in the patient's home based on the ADA requirements. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines, on durable medical equipment, states that it is recommended generally if there is a medical need and if the device or a system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment which can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; and appropriate for use in the patient's home. The 04/29/2014 report notes that the patient

continues to need 24-hour nursing care and immediate assistance to help with episodes of laryngospasm, syncope, and possible resuscitation, etc. Given the patient's significant symptoms, some if not most modifications appear indicated. However, some of the request(s) are too vague to consider such as structural assessment and repair to the back deck. Assessment of what precise repairs are all needed by a home visiting nurse or occupational therapist may be more appropriate to determine the specific safety modification needs based on the patient's medical condition. This request is not medically necessary.