

Case Number:	CM14-0194930		
Date Assigned:	12/02/2014	Date of Injury:	10/27/2005
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 72-year-old male who reported an injury on 10/27/2005. The mechanism of injury was not provided. Diagnoses included spinal stenosis of the lumbar spine, early postoperative lumbar spine, and degenerative disc disease of the lumbar spine. Past treatments included physical therapy, surgery, and medications. Surgical history included status post lumbar fusion at L2-3, L3-4, and L4-5 in 07/2014. On the clinical note dated 10/13/2014, the patient complained of low back pain with constant left leg pain, numbness, and tingling, as well as swelling in both legs. Physical examination indicated the injured worker needed a walker to ambulate and had difficulty with normal activities of daily living. Current medications included Norco and Neurontin. The request was for 1 hospital bed for 2 years and home health care 2 and a half hours per day, 7 days per week for 6 months. The rationale for the hospital bed was due to the need to elevate the legs at night. Rationale for home health care service was due to the injured worker needing assistance at home for bathing and preparing meals. The Request for Authorization form was submitted for review on 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: One hospital bed for 2 years: 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: The request for associated surgical services: one hospital bed for 2 years is not medically necessary. The Official Disability Guidelines state that there is no high quality evidence to support the use of any type of specialized mattress or bedding for low back pain. The medical records indicate the patient is required to elevate legs at night. However, there is lack of documentation indicating the necessity of a hospital bed to be able to elevate legs at night. There is a lack of documentation indicating the rationale for a hospital bed versus a leg elevation DME. Therefore, the request for associated surgical service: one hospital bed for 2 years is not medically necessary.

Associated surgical service: Home health care 2.5 hours per day times 7 days per week (for 6 months): 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) Home health services

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, Home health services.

Decision rationale: The request for associated surgical services: home health care 2.5 hours per day times 7 days per week (for 6 months) is not medically necessary. The Official Disability Guidelines indicated that home health services may be appropriate for patients who require medical treatment and who are homebound on a part time or intermittent basis. The guidelines state that home health services do not include homemaker services, such as shopping, cleaning, and personal care such as bathing, dressing, and using the bathroom when this is the only care needed. The requesting physician provided rationale for home health aide service as assistance with bathing and preparing meals. However, there is a lack of documentation indicating the rationale for home healthcare services versus family provided services. Therefore, the request for associated surgical service: Home health care 2.5 hours per day times 7 days per week (for 6 months) is not medically necessary.