MAXIMUS Federal Services

Case Number:	CM14-0032143		
Date Assigned:	06/27/2014	Date of Injury:	02/03/2011
Decision Date:	01/20/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 72-year-old female with date of injury of 02/03/2011. The listed diagnoses from the 01/16/2014 are:1. Lumbar radiculopathy.2. Severe spinal stenosis. According to this report, the patient continues to have back pain which is leading to severe hip pain. She fell again due to the weakness in her back. The treater is requesting a referral to assisted living because she is unable to take care of herself. The examination of the lumbar spine shows paravertebral muscle tenderness. Spasm is present. Range of motion is restricted. Sensation is reduced in the bilateral feet. Straight leg raise test is positive bilaterally. Motor strength is reduced in the bilateral ankle/plantar dorsiflexion. The 08/15/2013 report shows that the patient's energy is very low due to her pain. She currently rates her pain 8/10 which begins in her lower back and radiates to her right buttock. The patient had an injection in her lower back about 2 weeks ago, which significantly improved her symptoms. The 10/21/2013 report shows that the patient fell and hit a closet on 10/19/2013. The patient is currently not taking any medications; however, she uses topical medications for her lower back. The documents include 3 progress reports from 08/15/2013 to 01/16/2014. The utilization review denied the request on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to assisted living facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultation regarding Referrals, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.medicareinteractive.org and http://www.assistedlivingfacilities.org/resources/ways-to-pay-for-assisted-living/medicare/

Decision rationale: REFERRAL TO ASSISTED LIVING FACILITY:This patient presents with back and severe hip pain. The treater is requesting a REFERRAL TO ASSISTED LIVING FACILITY. The MTUS, ACOEM and ODG Guidelines do not address this request. Per internet search on http://www.medicareinteractive.org states, "Medicare will only pay for care in Medicare-certified skilled nursing facilities or through Medicare-certified home health or hospice agencies. It will never pay for care in a continuing care retirement community (CCRC) or in an assisted living facility (ALF)." In addition, http://www.assistedlivingfacilities.org/resources/ways-to-pay-for-assisted-living/medicare/ states, "The official Medicare handbook states that Medicare enrollees must pay for long-term care services (such as personal assistance at home, assisted living, and nursing home care) entirely from their own income and savings." The treater is requesting a referral to assisted living because the patient is unable to take care of herself without injuring herself. Given the lack of support from Medicare for assisting living referrals, the request IS NOT medically necessary.