

<b>Case Number:</b>	CM15-0000163		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	04/09/1982
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 71 year old female, who sustained an industrial injury on 4/9/1982, when she fell on concrete. Past medical history included chronic postoperative pain, scoliosis, neuritis, disc displacement, lumbar, nerve damage, degenerative disc disease, hip osteoarthritis, lumbar post laminectomy syndrome, arthritis and spinal fusions. The injured worker was seen 12/8/2014 for chronic pain in her neck, upper back, mid back, low back and left and right leg. She reports the pain is sharp, deep, aching, stabbing, throbbing and is constant. Her symptoms are exacerbated by sitting, standing and motion and relieved by heat and opioids analgesics. The documentation noted that an Magnetic Resonance Imaging (MRI) done 3/17/14 impression had no thoracic cord abnormality; T11-T12 disk herniation indenting the left side thecal sac with no significant stenosis; extensive postsurgical changes throughout lumbar levels described below and multilevel degenerative disc and facet disease with finding lateralizing to the right side at L3-L4 causing severe firth neural forminal narrowing affecting the exiting right L3 nerve root. Hip X-ray on 11/10/2014 impression noted mild hip joint osteoarthritis; no avascular necrosis or fracture; demineralization; intact anterior and posterior columns; no calcific tendinitis and no lytic or destructive lesion. According to the utilization review performed on 12/24/2014, the requested housekeeper once a week for life; 4 wheel walker; walk-in bathtub and serto foam top mattress is not medically necessary. CA MTUS guidelines and the ODG guidelines were used. Housekeeper once a week for life does not have documentation or indication that the claimant does not have effective use of upper extremities or significant deficits involving lower extremities such as progressively worsening myelopathy, partial paraplegia, ect. The

documentation indicates that the claimant is able to ambulate and had unrestricted use of upper extremities. There are no clinical reasons for claimant not to pursue activities of daily living on unrestricted bases. The guidelines are not supportive. 4 wheel walker guidelines were not medically necessary there was no evidence-based demonstrated efficacy of the use of a walker. Walk-in bathtub guidelines did not support medically necessary, there was no evidence-based demonstrated efficacy of the use of a walk in bathtub. Serta foam top mattress guidelines do not support the role of lumbar mattress in the treatment of chronic lumbar backache; there was no evidence-based demonstrated efficacy of the use of the mattress.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Housekeeper once a week for life:** 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 patient presents with unrated sharp pain to the neck, upper back, middle back, lower back, and the right leg. Patient is status post spinal fusion in 1982, 1983, and 1985 at unspecified levels. The request is for HOUSEKEEPER ONCE A WEEK FOR LIFE. Physical examination dated 12/08/14 revealed tenderness to palpation of the lumbar paraspinal muscles and decreased range of motion in all planes, negative straight leg raise test bilaterally. The patient is currently prescribed Gabapentin, Fentanyl patches, Oxymorphone, Multivitamin, Iron supplement, Furosemide, Premarin, and Vitamin D supplement. Diagnostic imaging included MRI of the lumbar spine, dated 03/17/14, significant findings include: "T11-T12 disc herniation indenting the left side thecal sac... extensive post surgical changes throughout lumbar levels... multilevel degenerative disc and facet disease with finding lateralizing to the right side at L3-L4 causing severe right neural foraminal narrowing..." Patient is currently unemployed. MTUS Chronic Pain Medical Treatment Guidelines, pg 51 for Home health services states: "Recommended only for otherwise recommended medical treatment for patients who are home bound, 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, 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 regards to the request for a weekly housekeeper to assist this patient in maintaining a healthy and clean living space, guidelines do not support the issuance of a home aide solely for the purpose of cleaning. The patient does present with chronic pain, but there is no evidence of inability to do simple house chores. There is no neurologic deficits that would inhibit the patient's ability to do house work. MTUS does not consider homemaker services medial treatments either. The request IS NOT medically necessary.

**DME: 4 wheel walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Walking Aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & leg chapter, walking aids -canes, crutches, braces, orthoses, and walkers

**Decision rationale:** The patient presents with unrated sharp pain to the neck, upper back, middle back, lower back, and the right leg. Patient is status post spinal fusion in 1982, 1983, and 1985 at unspecified levels. The request is for DME - 4 WHEEL WALKER. Physical examination dated 12/08/14 revealed tenderness to palpation of the lumbar paraspinal muscles and decreased range of motion in all planes, negative straight leg raise test bilaterally. The patient is currently prescribed Gabapentin, Fentanyl patches, Oxymorphone, Multivitamin, Iron supplement, Furosemide, Premarin, and Vitamin D supplement. Diagnostic imaging included MRI of the lumbar spine, dated 03/17/14, significant findings include: "T11-T12 disc herniation indenting the left side thecal sac... extensive post surgical changes throughout lumbar levels... multilevel degenerative disc and facet disease with finding lateralizing to the right side at L3-L4 causing severe right neural foraminal narrowing..." Patient is currently unemployed. ODG guidelines, knee chapter states the following about walking aids -canes, crutches, braces, orthoses, and walkers-, Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non use is associated with less need, negative outcome, and negative evaluation of the walking aid. In regards to the request for a 4 wheel walker to assist with this patient's painful ambulation secondary to significant spinal pathology, the request appears reasonable. Given this patient's medical/surgical history and age, a walker could prevent deterioration secondary to non-use, improve this patient's functional status and overall outcome. The request IS medically necessary.

**Walk-in bathtub:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg chapter, under Durable Medical Equipment

**Decision rationale:** The patient presents with unrated sharp pain to the neck, upper back, middle back, lower back, and the right leg. Patient is status post spinal fusion in 1982, 1983, and 1985 at unspecified levels. The request is for WALK IN BATHTUB. Physical examination dated 12/08/14 revealed tenderness to palpation of the lumbar paraspinal muscles and decreased range of motion in all planes, negative straight leg raise test bilaterally. The patient is currently prescribed Gabapentin, Fentanyl patches, Oxymorphone, Multivitamin, Iron supplement, Furosemide, Premarin, and Vitamin D supplement. Diagnostic imaging included MRI of the lumbar spine, dated 03/17/14, significant findings include: "T11-T12 disc herniation indenting the left side thecal sac... extensive post surgical changes throughout lumbar levels... multilevel

degenerative disc and facet disease with finding lateralizing to the right side at L3-L4 causing severe right neural foraminal narrowing..." Patient is currently unemployed. While MTUS and ACOEM guidelines do not specifically address the use of a walk in bathtub unit, ODG Knee and Leg chapter, under Durable Medical Equipment has the following: "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment -DME- below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items -commodes, bed pans, etc.- are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items."In regards to the request for a walk in bathtub - presumably since this patient has difficulty getting into and out of an ordinary bathtub - the requested DME is not supported by guidelines. While ODG does recommend portable whirlpool bathtubs when they are to be utilized as part of a planned treatment regimen for a specific injury, walk in bathtubs fall under "environmental modification" and are not indicated by guidelines as a medical intervention. Therefore, this request IS NOT medically necessary.

**Serta foam top mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter, Mattress selection Knee & Leg Chapter, Under Durable Medical Equipment

**Decision rationale:** The patient presents with unrated sharp pain to the neck, upper back, middle back, lower back, and the right leg. Patient is status post spinal fusion in 1982, 1983, and 1985 at unspecified levels. The request is for SERTA FOAM TOP MATTRESS. Physical examination dated 12/08/14 revealed tenderness to palpation of the lumbar paraspinal muscles and decreased range of motion in all planes, negative straight leg raise test bilaterally. The patient is currently prescribed Gabapentin, Fentanyl patches, Oxymorphone, Multivitamin, Iron supplement, Furosemide, Premarin, and Vitamin D supplement. Diagnostic imaging included MRI of the lumbar spine, dated 03/17/14, significant findings include: "T11-T12 disc herniation indenting the left side thecal sac... extensive post surgical changes throughout lumbar levels... multilevel degenerative disc and facet disease with finding lateralizing to the right side at L3-L4 causing severe right neural foraminal narrowing..." Patient is currently unemployed. MTUS and ACOEM are silent on orthopedic beds. ODG does provide some guidance in the Low Back chapter, Mattress selection, that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is

primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In regards to the request for a Serta foam top mattress for use on this patient's bed at home - presumably to provide a more comfortable sleeping situation - the request is not supported by guidelines. While this patient likely presents with significant sleep disturbances secondary to her chronic pain, ODG indicates that there is no evidence of improved patient outcomes or any medical necessity for specialized mattresses or bedding. Therefore, this request IS NOT medically necessary.