MAXIMUS Federal Services

Case Number:	CM15-0002847		
Date Assigned:	01/13/2015	Date of Injury:	10/10/2013
Decision Date:	04/02/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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 62 year old male, who sustained an industrial injury on 10/10/2013 with lumbar injury. He has reported chronic low back pain with chronic pain syndrome with episodes of constipation and bloating despite bowel care twice a day. The diagnoses have included late effect of spinal cord injury, chronic back pain status post back surgery, nerve stimulator placement of the back 10/9/14 and constipation. Treatment to date has included medications, diagnostics, surgery, behavioral treatment, and nerve stimulator placement of the back. Currently, per the primary treating physician PR2 dated 11/12/14; the IW complains of increased abdominal pain, chronic pain, decreased sensation due to late effect of spinal cord injury with inability to turn and position self and has history of sacral pressure ulcers. The injured worker also complains of jaw pain related to clenching of teeth while sleeping. The plan was to prevent additional development of sacral pressure areas and facilitate getting in and out of bed/transfers and pain management. The IW would like to be able to drive a modified vehicle. On 12/23/14 Utilization Review non-certified a request for Driver's education training for use of modified van, Dental Guard and Hospital bed with alternating pressure low air loss wave mattress, noting that regarding the Driver's education training for use of modified van the IW has not been presented as having a brain injury or disability that requires specific or special training. Regarding the Dental Guard there is no presenting clinical history or compromise to the IW's status with associated sleep disturbance. Regarding the Hospital bed with alternating pressure low air loss wave mattress there is no guideline evidence that defines the need of a special mattress or hospital bed with alternating pressure, low air loss wave mattress for any given

medical condition. The Official Disability Guidelines (ODG) and CMS. Gov Medicare coverage database were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Driver's education training for use of modified van: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aota.org/media/Corporate/Files/Practice/Aging/Driving/Toolkit/pros_cons.pdf and http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf.

Decision rationale: Per treater report dated 12/10/14, the patient is a 61 year old wheelchair bound paraplegic male, with loss of sensation from T10 down. The request is for driver's education training for use PF modified van. The patient is status post T8-L2 posterior fusion and repair of extensive traumatic dural laceration and nerve root avulsion over 1 year ago, per treater report dated 12/10/14. The patient "has not regained any sensation in his lower extremities. He undergoes intermittent catheterization and digital evacuation due to loss of bowel/bladder control from the injury. He denies any arm pain or weakness." Patient's medications include Baclofen, Tramadol and Venlafaxine. The patient is unemployed on disability, per treater report dated 11/12/14.Pros and Cons of Medicare Payment for Specialty Driving Programs http://www.aota.org/ media/Corporate/Files/Practice/Aging/Driving/Toolkit/pros_cons.pdf"Medi care covers occupational therapy evaluations and interventions provided after an illness or injury. If mobility, including driving, is one of many OT goals in the person's plan of care, treatment should be covered. However, payers often question the "medical necessity" of services when driving is the sole or priority goal. In addition, not all of the services that a client receives as part of a specialty driving program or the method of delivery would be covered under Medicare guidelines." Reference: Centers for Medicare & Medicaid Services. Covered medical and other health services. In Medicare benefit policy manual chapter 15. CMS Publication number 100-02: Retrieved March 28, 2008, from http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf. MTUS and ODG are silent regarding the request for driving a modified van. However, according to Medicare, "when driving is the sole or priority goal," the medical necessity is questioned. However, this patient is paraplegic and trying to learn how to use hand-driving system in a car. The request is medically necessary.

Dental Guard: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Eligible Limited FSA Expenses Mouth guardhttp://www.aetna.com/members/fsa/eligibleExpenses/limitedFSA/limitedFSAexpensesM.html.

Decision rationale: Per treater report dated 12/10/14, the patient is a 61 year old wheelchair bound paraplegic male, with loss of sensation from T10 down. The request is for DENTAL GUARD. The patient is status post T8-L2 posterior fusion and repair of extensive traumatic dural laceration and nerve root avulsion over 1 year ago, per treater report dated 12/10/14. The patient "has not regained any sensation in his lower extremities. He undergoes intermittent catherization and digital evacuation due to loss of bowel/bladder control from the injury. He denies any arm pain or weakness." Patient's medications include Baclofen, Tramadol and Venlafaxine. The patient is unemployed on disability, per treater report dated 11/12/14.MTUS and ODG are silent regarding the request for mouth guard. AETNA Eligible Limited FSA Expenses Mouth guard: When recommended by a dentist to prevent a person from grinding his or her teeth at night, the cost of an occlusal guard is a qualified dental expense. Submit evidence of medical necessity (e.g., prescription, doctor's note) with the request for reimbursement. http://www.aetna.com/ members/fsa/eligibleExpenses/limitedFSA/limitedFSAexpensesM.html. UR letter dated 12/23/14 states "regarding the Dental Guard there is no presenting clinical history or compromise to the IW's status with associated sleep disturbance." However, the per treater report dated 12/16/14, the patient also complains of jaw pain related to clenching of teeth while sleeping. Treater states the patient was evaluated by [redacted] who recommended a dental guard. Given documentation, the request appears to meet guideline recommendation. Therefore, the request for mouth guard IS medically necessary.

Hospital bed with alternating pressure, low air loss wave mattress: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cms.gov/medicare-coverage-database.

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, Under Durable Medical Equipment Low Back - Lumbar & Thoracic Chapter, under Mattress Selection.

Decision rationale: Per treater report dated 12/10/14, the patient is a 61 year old wheelchair bound paraplegic male, with loss of sensation from T10 down. The request is for Hospital Bed With Alternating Pressure, Low Air Loss Wave Mattress. The patient is status post T8-L2 posterior fusion and repair of extensive traumatic dural laceration and nerve root avulsion over 1 year ago, per treater report dated 12/10/14. The patient "has not regained any sensation in his lower extremities. He undergoes intermittent catherization and digital evacuation due to loss of bowel/bladder control from the injury. He denies any arm pain or weakness." Patient's medications include Baclofen, Tramadol and Venlafaxine. The patient is unemployed on disability, per treater report dated 11/12/14.MTUS and ACOEM are silent on orthopedic beds. 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. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection 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. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." (McInnes, 2011)UR letter dated 12/23/14 states "regarding the Hospital bed with alternating pressure low air loss wave mattress there is no guideline evidence that defines the need of a special mattress or hospital bed with alternating pressure, low air loss wave mattress for any given medical condition." Per progress report dated 11/18/14, the patient "has history of sacral pressure ulcers. Skin is compromised from prior ulcer. High risk for pressure ulcer development." Treater states "patient has decreased sensation due to spinal cord injury. Patient would benefit from low air loss, alternating pressure relief mattress and hi/lo bed to prevent additional development of sacral decubitus and facilitate transfer in and out of bed." Given patient's spinal cord injury and history of pressure ulcers, the request appears reasonable and is supported by ODG guidelines. Therefore, the request IS medically necessary.