

<b>Case Number:</b>	CM15-0100866		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 39-year-old male, who sustained an industrial injury on 4/23/13. He has reported initial complaints of sudden pain in the low back after installing a gear box into a truck. The diagnoses have included low back pain and lumbar post laminectomy syndrome status post lumbar decompression and fusion done 8/2014. Treatment to date has included medications, orthopedic spinal consultation, spinal surgery on 8/5/14, diagnostics, physical therapy sessions, massage, ice/heat and stimulation treatments and Functional Restoration Program evaluation. Currently, as per the physician progress note dated 5/4/15, the injured worker complains of continued low back pain made worse by bending, lifting and walking. He states that he was taking Percocet and was switched to Hysingla, which helps the pain with no side effects. He has undergone the initial evaluation for Functional Restoration Program and hopes to be enrolled in the program soon. He complains of poor concentration, memory loss and weakness. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/24/15 reveals bilateral foraminal stenosis, clumping of the nerve roots of the distal caudal equine consistent with arachnoid adhesions, posterior lateral fusion with laminectomy with mild bilateral foraminal stenosis at these levels. The x-rays of the lumbar spine dated 4/30/15 reveal lumbar discectomy, laminectomy and posterior fusion in stable alignment and increased flexion noted at L3-4 levels without evidence of sUBLuxation. The objective findings reveal that the lumbar spine has a well-healed scar; gait is antalgic and otherwise unremarkable findings. The current medications included Gabapentin, Hysingla ER, Ibuprofen and Prilosec. The physician noted that the injured worker had a Functional Restoration

Program evaluation, he was found to be a good candidate for the program, and they are awaiting authorization for the program. The physician requested treatments included Transportation x 29 days and Lodging accommodation x 24 days.

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

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

#### **Transportation x 29 days: 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), Knee & Leg, Transportation (to and from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee & leg chapter, Transportation AETNA guidelines on transportation: ([www.aetna.com](http://www.aetna.com)).

**Decision rationale:** Based on the 5/4/15 progress report provided by the treating physician, this patient presents with low back pain worsening by bending/walking/lifting. The treater has asked for TRANSPORTATION X 29 DAYS but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p L4-5 and L5-S1 fusion from August 2014. The patient had some improvement after the surgery and has had 2 x-rays showing fusion hardware is in good position per 4/6/15 report. The patient states that his pain is mostly in the posterolateral portion of the lower extremities, although he can get some anterior pain as well, left > right per 4/6/15 report. The right sided pain tends to the stop at the calf; the left sided pain goes all the way down to the foot per 4/6/15 report. The patient's current medications are Gabapentin, Hysingla, Ibuprofen, and Prilosec per 5/4/15 report. The patient is s/p 2 epidural steroid injections of unspecified levels from 2013 and 2014 which provided very little relief per 5/4/15 report. The patient is currently under work restrictions as of 5/4/15 report. AS ODG, Back Chapter does not address the request for transportation; the ODG Knee chapter was consulted. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Treater has not provided medical rationale for the request. The utilization review letter dated 5/19/15 states: "the provided documentation indicates that this patient will be participating in a functional restoration program and will need accommodations as the patient would have to travel a great distance each day which would aggravate the symptoms of pain." However, the provided documentation lacks a specific medical need to support transportation and lodging by current evidence-based guidelines versus providing this patient with an addiction specialist closer to home and other outpatient care providers and therapies. In this case, the patient had a successful functional restoration program evaluation and is awaiting authorization for the functional restoration program. The treater is requesting transportation to the functional restoration program, which appears reasonable. Therefore, the request IS medically necessary.

## **Lodging accommodation x 24 days: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov>, Enhancing appropriateness of acute bed use: role of the patient hotel. Abstract.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1059830/> Authors: I Harvey, R Jenkins, and L Llewellyn.

**Decision rationale:** Based on the 5/4/15 progress report provided by the treating physician, this patient presents with low back pain worsening by bending/walking/lifting. The treater has asked for LODGING ACCOMMODATION X 24 DAYS but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p L4-5 and L5-S1 fusion from August 2014. The patient had some improvement after the surgery and has had 2 x-rays showing fusion hardware is in good position per 4/6/15 report. The patient states that his pain is mostly in the posterolateral portion of the lower extremities, although he can get some anterior pain as well, left > right per 4/6/15 report. The right sided pain tends to stop at the calf; the left sided pain goes all the way down to the foot per 4/6/15 report. The patient's current medications are Gabapentin, Hysingla, Ibuprofen, and Prilosec per 5/4/15 report. The patient is s/p 2 epidural steroid injections of unspecified levels from 2013 and 2014 which provided very little relief per 5/4/15 report. The patient is currently under work restrictions as of 5/4/15 report. MTUS pg. 8 states: "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." MTUS, ACOEM, and ODG do not address the request for lodging accommodations. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1059830/> Authors: I Harvey, R Jenkins, and L Llewellyn "Abstract: OBJECTIVE--This study aimed to assess the appropriateness of bed use by determining patients' suitability for patient hotel accommodation and day treatment and by examining timeliness of discharge, and to assess patient and staff views about patient hotels." The utilization review letter dated 5/19/15 states: "the provided documentation indicates that this patient will be participating in a functional restoration program and will need accommodations as the patient would have to travel a great distance each day which would aggravate the symptoms of pain. However, the provided documentation lacks a specific medical need to support transportation and lodging by current evidence-based guidelines versus providing this patient with an addiction specialist closer to home and other outpatient care providers and therapies." The MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the patient is apparently authorized for 24 days of functional restoration program. The use of hotel may be quite cost effective, to ensure completion of FRP. The request IS medically necessary.

