

Case Number:	CM15-0149085		
Date Assigned:	08/12/2015	Date of Injury:	07/19/2010
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 34 year old male who sustained an industrial/work injury on 7-19-10. He reported an initial complaint of closed head injury, shoulder, lumbar, and lower extremity pain. The injured worker was diagnosed as having closed head injury, post traumatic headaches, cervical sprain, right-left shoulder status post reconstruction, lumbar strain, right hip sprain, right knee sprain with probable contusion, right foot ankle sprain with possible ligamentous disruptions, right ulnar neuritis carpal tunnel syndrome, post traumatic thoracic out syndrome with upper extremity dysesthesias, and left sciatica and piriformis syndrome. There is history of epilepsy. Treatment to date includes medication, physical therapy, injections and DME (durable medical equipment), diagnostics, and surgeries. Currently, the injured worker complained of neck injury with radicular pain and worsening right lower extremity piriformis and sciatica. Per the primary physician's report (PR-2) on 7-9-15, exam noted tenderness to cervical occipital and paravertebral muscles, low back, and bilateral hips, pain with standing and walking, limited range of motion. Ambulation was with a cane. There was slight tenderness submandibular and a suggestion of lymph nodes. The requested treatments include Helper dog for seizures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Helper dog for seizures: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Epilepsy Foundation: Seizure dogs. <http://www.epilepsy.com/get-help/staying-safe/seizure-dogs>, accessed 09/11/2015.

Decision rationale: Accessed 09/11/2015. The MTUS Guidelines are silent on this issue. The primary function of a seizure service dog for adults is to alert others when seizures occur so the person can get necessary help. The submitted and reviewed documentation indicated the worker was suffering from occasional seizures, findings suspicious for having infected urine, memory problems, and pain in multiple areas. These records suggested the worker required care and assistance from others nearly to around-the-clock. The reason the dog would be needed to alert others of a seizure is therefore unclear. In the absence of such evidence, the current request for a helper dog for seizures is not medically necessary.