

Case Number:	CM15-0193092		
Date Assigned:	10/07/2015	Date of Injury:	12/29/2009
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female, who sustained an industrial injury on 12-29-2009. The medical records indicate that the injured worker is undergoing treatment for bilateral lumbar radiculitis with evidence of multilevel disc bulges with neuroforaminal encroachment, lumbar facet arthropathy, evidence of contained herniation with craniocaudal extension at L5-S1, grade I anterolisthesis L5-S1, bilateral neuroforaminal narrowing more severe on the right than the left at L4-5 due to disc facet complex, bilateral cervical radiculitis, left lateral and medial epicondylitis, left brachial tendinitis, nociceptive left ankle, left knee, and left elbow pain, and chronic deconditioned state. According to the progress report dated 9-3-2015, the injured worker presented with a history of cervical pain, headaches, and upper extremity symptoms. The level of pain is not rated. The physical examination of the cervical and lumbar spine reveals limited and painful range of motion in all planes. There is diminished sensation along the right L4, L5, and S1 dermatomes. The current medications are Norco, Tizanidine, Prilosec, and Thermacare patches. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, cold, heat, physical therapy, home exercise program, psychological treatments, and functional restoration program. Work status is described as not working. The original utilization review (9-16-2015) partially approved a request for additional functional restoration program for 5 days (original request was for 10 days) and hotel stay, Monday through Thursday for 1 week (original request was for 2.5 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional functional restoration program (x days) quantity 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The injured worker sustained a work related injury on 12-29-2009 . The medical records provided indicate the diagnosis of bilateral lumbar radiculitis with evidence of multilevel disc bulges with neuroforaminal encroachment, lumbar facet arthropathy, evidence of contained herniation with craniocaudal extension at L5-S1, grade I anterolisthesis L5-S1, bilateral neuroforaminal narrowing more severe on the right than the left at L4-5 due to disc facet complex, bilateral cervical radiculitis, left lateral and medial epicondylitis, left brachial tendinitis, nociceptive left ankle, left knee, and left elbow pain, and chronic deconditioned state. Treatments have included Norco, Tizanidine, Prilosec, and TheraCare patches. Treatments to date include medication management, cold, heat, physical therapy, home exercise program, psychological treatments, and functional restoration program. The medical records provided for review do indicate a medical necessity for additional functional restoration program (x days) quantity 10. The medical records indicate she has met the MTUS recommendation that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved; longer duration require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The medical records indicate that after 13-16 functional restoration visits the injured worker met several of the goals set for the program, but was making progress in the rest. Despite the long duration of disability, the records indicate she is motivated and is willing to go back to work. The request is medically necessary.

Hotel stay, Monday through Thursday (x weeks), quantity 2.50: Overturned

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 Medicare "Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A" "10.1.1 - Accommodations - General" "<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf>".

Decision rationale: The injured worker sustained a work related injury on 12-29-2009 . The medical records provided indicate the diagnosis of bilateral lumbar radiculitis with evidence of multilevel disc bulges with neuroforaminal encroachment, lumbar facet arthropathy, evidence of contained herniation with craniocaudal extension at L5-S1, grade I anterolisthesis L5-S1, bilateral neuroforaminal narrowing more severe on the right than the left at L4-5 due to disc facet complex, bilateral cervical radiculitis, left lateral and medial epicondylitis, left brachial

tendinitis, nociceptive left ankle, left knee, and left elbow pain, and chronic deconditioned state. Treatments have included Norco, Tizanidine, Prilosec, and Thermacare patches. Treatments to date include medication management, cold, heat, physical therapy, home exercise program, psychological treatments, and functional restoration program. The medical records provided for review do indicate a medical necessity for hotel stay, Monday through Thursday (x weeks), quantity 2.50. The MTUS and the Official Disability Guidelines are silent on hotel stay or bed and boarding. However, the Center for Medicare services recommends states that “The program will pay the same amount for routine accommodations services whether the patient has a private room not medically necessary, a private room medically necessary.” Also, the MTUS states that functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Therefore, it is appropriate and medically necessary to cover the hotel stay of the injured worker if a program with proven successful outcomes is not available in her local community.