

Case Number:	CM15-0020699		
Date Assigned:	02/10/2015	Date of Injury:	07/27/2008
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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 58 year old male who sustained a work related injury July 27, 2008. Past history includes L4-5 and L5-S1 anterior lumbar interbody fusion with cage/allograft/rigid segmental internal fixation November 10, 2014. According to a primary treating physician's progress report dated December 11, 2014, the injured worker presented for follow-up post-surgery, currently undergoing physical therapy. Physical examination of the lumbar spine reveals a well healed surgical scar and tender paraspinals. The rest of the handwritten examination is not legible to this reviewer. Treatment included; complete the remaining physical therapy and requests for transportation, home health care and medication. According to utilization review dated January 13, 2015, the request for Transportation to/from all doctor's appointments is non-certified, citing ODG Guidelines/Treatment in Workers' Compensation. The request for, Neurontin 300mg, (2) PO BID #120 is modified to Neurontin 300mg x one (1) month to allow for documentation or weaning, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Home Health Care Assistance, six hours per day, four days per week for two weeks; three hours per day three days a week per week for four weeks; assistance with bathing, household chores, cleaning, cooking, transportation for shopping and activities has been modified to certify a home health evaluation, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to/from all doctor's appointments: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee chapter under transportation.

Decision rationale: According to the 12/11/2014 hand written report, this patient is status post lumbar fusion on 11/10/2014 and current pain level is a 6/10. The current request is for Transportation to/from all doctor's appointments. The request for authorization is on 12/11/2014. The patient's work status is "Temporarily totally disabled until 10-12 visits." The ODG guidelines Knee chapter under transportation states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The medical report provided for review show no indication that the patient is unable to self-transport. The treating physician does not mention that the patient has disabilities preventing him from self-transport; no discussion as to why public transportation is not feasible and no discussion regarding the patient's lack of social support. Therefore, the current request IS NOT medically necessary.

Neurontin 300mg, 2 PO Bid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic (AKA anti-convulsants) drugs for pain, Gabapentin Page(s): 18-19, 49.

Decision rationale: According to the 12/11/2014 hand written report, this patient is status post lumbar fusion on 11/10/2014 and current pain level is a 6/10. The current request is for Neurontin 300mg 2 PO BID #120 and the Utilization Review modified the request to "Neurontin 300mg x one (1) month to allow for documentation or weaning." Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the provided report indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician did not provide discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request IS NOT medically necessary.

Home health care assistance, six hours per day, four days per week for two weeks, three hours per day, three days per week for four weeks; assistance with bathing, household chores, cleaning, cooking, transportation for shopping, activities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the 12/11/2014 hand written report, this patient is status post lumbar fusion on 11/10/2014 and current pain level is a 6/10. The current request is for Home Health care assistance, six hours per day, four days per week for two weeks, three hours per day, three days per week for four weeks: assistance with bathing, household chores, cleaning, cooking, transportation for shopping, activities and the Utilization Review modified the request to "a home health evaluation." Regarding home health service, MTUS guidelines recommend 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. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. In the medical report provided for review, the treating physician indicates that the patient needs help with house care such as household chores, cleaning, cooking, transportation for shopping as well as personal care such as dressing, etc. However, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and there is no debilitating diagnosis provided for this patient, only chronic pain. The MTUS guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. There is no documentation found in the reports provided that the patient requires medical treatment at home, only homemaker services. The current request IS NOT medically necessary.