MAXIMUS Federal Services

Case Number:	CM15-0020853		
Date Assigned:	02/10/2015	Date of Injury:	07/31/2011
Decision Date:	04/08/2015	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, Arizona
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 59-year-old male who reported an injury on 07/31/2011. The mechanism of injury was unspecified. His diagnoses included L4-5 and L5-S1 discopathy with stenosis and persistent back pain with right lower extremity radiculopathy. Past treatments included physical therapy, medications, and injections. The physical examination dated 12/11/2014 was illegible. Relevant medications included oxycodone 10 mg. The treatment plan included transportation, Neurontin, and home health care. The rationale was not provided for review. A Request for Authorization form was submitted on 12/11/2014.

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 (ODG), Knee and Leg, Transportation (to and from appointments)http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria 32 MedTrans.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Transportation (to & from appointments).

Decision rationale: The request for transportation to/from all doctor's appointments is not medically necessary. According to the Official Disability Guidelines, transportation is recommended for patients whose appointments are in the same community and who have disabilities preventing them from self-transport, to include those who are 55 and older or in a nursing or at a nursing home level of care. The injured worker was indicated to be 59 years old. However, there was a lack of documentation to indicate a disability or a nursing home level of care that would indicate medical necessity for transportation to and from appointments. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Neurontin 300mg, 2 by mouth twice a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-19.

Decision rationale: The request for Neurontin 300 mg 2 by mouth twice a day #120 is not medically necessary. According to the California MTUS Guidelines, antiepileptics are recommended for diabetic painful neuropathy and postherpetic neuralgia. They also state a response to the use of AEDs has been defined as a 30% to 50% reduction in pain. There should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker was indicated to have chronic low back pain. However, there was a lack of documentation in regard to a positive response of at least 30% to 50% reduction in pain. There was also a lack of documentation in regard to objective functional improvement, an objective decrease in pain symptoms, and documentation of side effects incurred with use. In the absence of the above, the request is not supported by the evidence based guidelines. As such, 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 Home health services.

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

Decision rationale: The request for a home health care assistant is not medically necessary. According to the California MTUS Guidelines, home health services are recommended for patients who are home bound on a part time or intermittent basis. Generally, home health services are recommended up to no more than 35 hours per week. In addition, home health services do not include services such as shopping, cleaning, and laundry. In addition, home health services are used to provide assistance with bathing, dressing, and using the bathroom when it is indicated and needed. The injured worker was indicated to have chronic low back pain. However, there was a lack of documentation to indicate the injured worker was home bound on a part time or intermittent basis. Furthermore, there was a lack of documentation in regard to medical necessity for assistance with bathing, dressing, and using the bathroom. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.