

Case Number:	CM15-0021434		
Date Assigned:	02/11/2015	Date of Injury:	10/01/1993
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 sustained an industrial injury on October 1, 1993. He has reported neck pain and low back pain radiating into the left lower extremity. The diagnoses have included amyotrophic lateral sclerosis, lumbar disc degeneration, chronic pain, lumbar post laminectomy syndrome, lumbar radiculopathy, status post thoracic spine dissection, thoracic compression fractures and positive bilateral foot drop. Treatment to date has included radiographic imaging, diagnostic studies, multiple spinal surgeries, conservative therapies, pain medications and work restrictions. Currently, the IW complains of neck pain and low back pain radiating into the left lower extremity. The injured worker reported an industrial injury in 1993, resulting in chronic neck, low back and lower extremity pain. He was treated conservatively and required multiple spinal surgeries. The pain was persistent and continued to influence his ability to work and perform activities of daily living. He was diagnosed with ALS and was noted to have muscle degeneration of the lower extremities. On November 11, 2013, evaluation revealed continued complaints of pain. According to follow up evaluations, the pain was severe without medications and was managed with anti-psychotropic agents and pain medications. On January 26, 2015, Utilization Review non-certified a request for home care assistance for six hours per day for 5 days per week for six months and an orthopedic bed with generic mattress, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested home care assistance for six hours per day for 5 days per week for six months and an orthopedic bed with generic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance (6 hours per day, 5 days per week for 6 months): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Given the medical records provided, employee does not appear to be homebound. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as medical treatment, as defined in MTUS. As such, the request is not medically necessary.

Orthopedic Bed with Generic Mattress: Upheld

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

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, Mattress selection, Durable Medical Equipment (DME); and on Medicare.gov, Durable Medical Equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a mattress. ODG states there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. When noting that the record does not provide any evidence of a spinal cord injury or pressure ulcers from such, there would be no clinical indication to support the purchase of an orthopedic mattress out of medical necessity. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below Medicare details DME as: -durable and can withstand repeated use; used for a medical reason; -not usually useful to someone who isn't sick or injured; appropriate to be used

in your home. A mattress meets two of the four DME criteria: durability and appropriate for home use. However, the treating physician does not outline the necessary requirement for medical reason. Additionally, a mattress would be considered useful to someone who is not sick or injured. The classification of Hospital Beds for in home use with a medical reason may meet Medicare DME classification. However, this mattress is not a hospital bed and would not be classified as durable medical equipment and are not recommended per ODG. As such, the request is not medically necessary.