

Case Number:	CM15-0211121		
Date Assigned:	10/29/2015	Date of Injury:	01/08/2001
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47-year-old female with a date of injury on 01-08-2001. The injured worker is undergoing treatment for low back pain syndrome, musculoskeletal syndrome, irritable bowel syndrome, abdominal pain, insomnia and hypertension. A physician progress note dated 05-05-2015 documents the injured worker complains her stomach is hurting all the time, is bloated and she has constipation. She is having constant pain in her lower back and he can hardly get out of bed. She has pain in her neck, right shoulder, and upper and lower back. The pain radiates to both legs with a burning sensation in both legs below the knee level to her feet. Her equilibrium is off and she falls back into her chair when she is trying to get up. She has numbness in her left leg. She was recently hospitalized and had a defibrillator implanted. A Tempurpedic bed is needed to help her get out of bed in the morning, and handicap grips for the bathroom are needed. She needs help with all her activities of daily living and currently there is a nurse that comes into her home Monday through Friday to assist her. Treatment to date has included diagnostic studies, and medications. Electrodiagnostic studies of the lower extremities done on 07-23-2014 were normal. A cervical spine Magnetic Resonance Imaging done on 12-16-2013 revealed multiple small disc bulges with no spinal canal or neural foraminal stenosis seen. There is an increased intensity in the C2-3 level that could be an artifact, though myelomalacia can also have this appearance. A lumbar Magnetic Resonance Imaging done on 12-06-2013 showed L4-5 degenerative disc desiccation with a 3mm protrusion and degenerative facet arthrosis-there is no thecal sac or nerve root compression. There is mild degenerative facet arthrosis at L3-4 and at L5-S1, there is degenerative disc desiccation. The Request for Authorization dated 09-29-2015 includes handicap grips for the bathroom,

██████████ 5 days a week for 4 hours each day and a Tempurpedic mattress adjustable bed. On 10-06-2015 Utilization Review non-certified the request for handicap grips for the bathroom, ██████████ 5 days a week for 4 hours each day and a Tempurpedic mattress adjustable bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic mattress adjustable bed: 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), Low Back (updated 09/22/15) Online Version, Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. The ODG and ACOEM also do not support the use of a mattress in the treatment of pain. Therefore, the request is not medically necessary.

Handicap grips for bathroom: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg (updated 07/10/15) Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not

serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.

[REDACTED]; 5 days a week for 4 hours a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California MTUS section on home health states: 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. (CMS, 2004) The provided documentation for review does not indicate the patient is home bound either permanently or on an intermittent basis. There is also no specification in what activities would be assisted as homemaker services are not recommended. Therefore, the request is not medically necessary.