MAXIMUS Federal Services

Case Number:	CM15-0223730		
Date Assigned:	11/19/2015	Date of Injury:	04/22/1999
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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, Indiana, New
York Certification(s)/Specialty: Internal 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 40 year old female, who sustained an industrial injury on 04-22-1999. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy exacerbation, right lower extremity chronic regional pain syndrome, depression and anxiety, L4-5 herniated nucleus pulposus, and seizure disorder. Treatment and diagnostics to date has included epidural injections (with noted 75% relief), home care, psychotherapy, home exercise program, pool therapy, and medications. Recent medications have included Duragesic, Norco, Neurontin, Zanaflex, Lidoderm, Zoloft, and Seroquel. Subjective data (08-20-2015 and 09-16-2015), included low back pain with radiation into bilateral lower extremities. Objective findings (09-16-2015) included positive straight leg raise test on right side and decreased sensation to right posterolateral thigh in L5 distribution. The request for authorization dated 10-12-2015 requested spine evaluation for lumbar, continue home care, pool therapy, and follow up visit. The Utilization Review with a decision date of 10- 13-2015 non-certified the request for spine evaluation for lumbar radiculopathy, unknown duration for home care (in-home assistance) at 28 hours per week, and unknown pool therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spine evaluation for lumbar radiculopathy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, General Approach.

Decision rationale: Pursuant to the ACOEM, one spine evaluation for lumbar radiculopathy is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are lumbar radiculopathy exacerbation; CRPS-I right lower extremity; depression and anxiety requiring Zoloft and Seroquel with history inpatient program depression and suicide; L4 - L5 HNP; and seizure disorder. Date of injury is April 22, 1999. Request for authorization is October 12, 2015. According to the earliest progress note dated April 2, 2015, the injured worker was status post epidural steroid injection at L4 - L5 on March 19, 2015. Reportedly, the injured worker sustained a seizure as a result. The injured worker is followed by a neurologist. The injured worker transition from a walker to a cane, but uses a wheelchair. The injured worker's mother assists with ADLs and household chores. The injured worker is engaged in a home exercise therapy and pool therapy. The number of pool therapy sessions is not specified, the duration of pool therapy sessions is not specified. There is no documentation of pool therapy demonstrating objective functional improvement. According to a Comprehensive Physician Review dated September 3, 2015, the injured worker is a 40-year-old woman who ambulates with the cane. The injured worker's mother transports the injured worker to the office. The injured worker's mother assists with household chores. According to an October 15, 2015, a fusion was recommended but not perform. Subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. The injured worker has been permanent and stationary since January 2006 100% disabled. Objectively, there is positive straight leg raising on the right. The injured worker was in a wheelchair at the office visit. There is decreased sensation in the L5 dermatome. There is no clinical progression of the lumbar radiculopathy documented in the medical record. There were no progressive neurologic symptoms in the medical record. The injured worker is permanent and stationary 100% disabled. The injured worker symptoms and objective findings are chronic and unchanged. There were no red flags documented in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one spine evaluation for lumbar radiculopathy is not medically necessary.

Unknown duration home care (in-home assistance) at 28 hour per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, unknown duration home care (in-home assistance) at 28 hours per week is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding you get the benefit me out of that could be anything and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are lumbar radiculopathy exacerbation; CRPS-I right lower extremity; depression and anxiety requiring Zoloft and Seroquel with history inpatient program depression and suicide; L4 - L5 HNP; and seizure disorder. Date of injury is April 22, 1999. Request for authorization is October 12, 2015. According to the earliest progress note dated April 2, 2015, the injured worker was status post epidural steroid injection at L4 - L5 on March 19, 2015. Reportedly, the injured worker sustained a seizure as a result. The injured worker is followed by a neurologist. The injured worker transition from a walker to a cane, but uses a wheelchair. The injured worker's mother assists with ADLs and household chores. The injured worker is engaged in a home exercise therapy and pool therapy. The number of pool therapy sessions is not specified, the duration of pool therapy sessions is not specified. There is no documentation of pool therapy demonstrating objective functional improvement. According to a Comprehensive Physician Review dated September 3, 2015, the injured worker is a 40-year-old woman who ambulates with the cane. The injured worker's mother transports the injured worker to the office. The injured worker's mother assists with household chores. According to an October 15, 2015, a fusion was recommended but not perform. Subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. The injured worker has been permanent and stationary since January 2006 100% disabled. Objectively, there is positive straight leg raising on the right. The injured worker was in a wheelchair at the office visit. There is decreased sensation in the L5 dermatome. There is no clinical progression of the lumbar radiculopathy documented in the medical record. There were no progressive neurologic symptoms in the medical record. The injured worker is permanent and stationary 100% disabled. The injured worker symptoms and objective findings are chronic and unchanged. There were no red flags documented in the medical record. There is no documentation in the medical record indicating

the injured worker is homebound. The injured worker's mother assists with ADLs and household chores. In the absence of homebound status, home health services are not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation the injured worker is homebound, unknown duration home care (in-home assistance) at 28 hours per week is not medically necessary.

Unknown pool therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, unknown pool therapy sessions are not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar radiculopathy exacerbation; CRPS-I right lower extremity; depression and anxiety requiring Zoloft and Seroquel with history inpatient program depression and suicide; L4 - L5 HNP; and seizure disorder. Date of injury is April 22, 1999. Request for authorization is October 12, 2015. According to the earliest progress note dated April 2, 2015, the injured worker was status post epidural steroid injection at L4 - L5 on March 19, 2015. Reportedly, the injured worker sustained a seizure as a result. The injured worker is followed by a neurologist. The injured worker transition from a walker to a cane, but uses a wheelchair. The injured worker's mother assists with ADLs and household chores. The injured worker is engaged in a home exercise therapy and pool therapy. The number of pool therapy sessions is not specified, the duration of pool therapy sessions is not specified. There is no documentation of pool therapy demonstrating objective functional improvement. According to a Comprehensive Physician Review dated September 3, 2015, the injured worker is a 40-year-old woman who ambulates with the cane. The injured worker's mother transports the injured worker to the office. The injured worker's mother assists with household chores. According to an October 15, 2015, a fusion was recommended but not perform. Subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. The injured worker has been permanent and stationary since January 2006 100% disabled. Objectively, there is positive straight leg raising on the right. The injured worker was in a wheelchair at the office visit. There is decreased sensation in the L5 dermatome. There is no clinical progression of the lumbar

radiculopathy documented in the medical record. There were no progressive neurologic symptoms in the medical record. The injured worker is permanent and stationary 100% disabled. The injured worker symptoms and objective findings are chronic and unchanged. As noted above, the documentation indicates the injured worker is engaged in a home exercise program in therapy. There are no pool therapy progress notes. There is no documentation demonstrating objective functional improvement. Additionally, swimming pools would not generally be considered medical treatment and are therefore not covered under these guidelines. There are no compelling clinical facts indicating additional pool therapy is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation the injured worker is already engaged in a home exercise program and guideline non-recommendations for swimming pools (not considered medical treatment), unknown pool therapy sessions are not medically necessary.