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| Case Number: | CM15-0034929 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 04/30/2003 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 30, 2003. In a Utilization Review Report dated January 25, 2015, the claims administrator failed to approve a request for a lumbar pillow and continued Home Health care. Non-MTUS ODG Guidelines were invoked to deny the pillow. A CT scan of the neck was, conversely, approved. The claims administrator referenced a progress note and RFA form of January 15, 2015 in its determination. The applicant's attorney subsequently appealed. In an August 21, 2014, RFA form, the attending provider sought authorization for Home Health services for the purposes of performing "ancillary home services" at a rate of five hours a day, five days a week, and six weeks. In an associated August 21, 2014, letter, the attending provider seemingly stated that Home Health services were intended to help facilitating the applicant's performance of activities of daily living, namely housekeeping services such as housecleaning, personal hygiene, and other activities of daily living. Multifocal pain complaints were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home care 5 hours/day, 5 days/week, 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: No, the request for continued home care at a rate of five hours a day, five days a week, and six weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Homemaker services such as assistance with cooking, cleaning, housekeeping, i.e., the services being sought here, do not constitute medical treatment, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Here, the request for housekeeping services, thus, was at odds with page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lumbar spine pillow: 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 ACOEM V.3 > Low Back > Devices > Sleeping Surfaces Recommendation: Other Sleeping Surfaces for Treatment of Low Back Pain There is no recommendation for or against the use of optimal sleeping surfaces (e.g., bedding, water beds, and hammocks) for treatment of low back pain. It is recommended that patients select mattresses, pillows, bedding, or other sleeping options that are most comfortable for them. Strength of Evidence. No Recommendation, Insufficient Evidence (I).

Decision rationale: Similarly, the proposed lumbar spine pillow was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that there is no recommendation for or against the usage of optimal sleeping surfaces, for treatment purposes. Rather, ACOEM suggests that applicants select those pillows, mattresses, and bedding and/or other sleeping options, which are most comfortable for them. Thus, ACOEM espouses the position that pillows and the likes are articles of applicant preference as opposed to article of medical treatment. Therefore, the request was not medically necessary.