MAXIMUS Federal Services

Case Number:	CM14-0125903		
Date Assigned:	08/13/2014	Date of Injury:	01/04/2005
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50-year-old female who has submitted a claim for chronic pain syndrome, cervical post laminectomy syndrome, shoulder bursitis, hip enthesopathy, insomnia, anxiety and depression associated with an industrial injury date of 1/4/2005. Medical records from 2009 to 2014 were reviewed. The patient complained of chronic low back pain, right shoulder pain, right hip pain, and bilateral knee pain. There was noted instability of the left knee. Patient likewise reported significant depression and anxiety secondary to chronic pain. Patient continued to rely significantly on her pain medications. There was no substance abuse or misuse noted. Patient likewise manifested with depressed affect. Gait was antalgic. Hyporeflexia of the right upper extremity was noted. Sensation was diminished at the right-hand and left upper extremity. There was diffuse myofascial tenderness of the cervical spine and upper back region. Treatment to date has included cervical fusion, right hip surgery, right knee surgery, physical therapy, and medications such as OxyContin (since 2013), Celebrex, cyclobenzaprine, MiraLax, morphine, and Rozerem. Utilization review from 8/6/2014 denied the request for Transportation because it was not considered a medical service for cure or relief of an industrial injury; denied health aide because of lack of clear indications; denied sleep study because the patient did not meet criteria for polysomnography; denied transcutaneous electrical stimulation because of a lack of specific short and long-term goals for treatment; and denied 1 Prescription of Oxycontin 20mg #120 because of a lack of quantifiable improvement in function and pain with continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health Aid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 - Home Health Services, section 50.2 (Home Health Aid Services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Home Health Services Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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 (HHA) like bathing, dressing, and using the bathroom when this is the only care needed. In this case, there is no documented rationale for health aid request. There is no evidence that patient has significant impairment or functional limitation that inhibit herself from performing activities of daily living independently. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Furthermore, the present request does not specify the number of hours per day that the patient requires HHA. Therefore, the request for health aide is not medically necessary.

1 Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Polysomnography

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, patient complained of sleep disturbance. However, the medical records submitted and reviewed failed to provide a discussion concerning sleep hygiene. There was a note concerning recommendation for CPAP, however, official progress report from the specialist was not made available for review. The medical necessity cannot be established due to insufficient information. Therefore, the request for SLEEP STUDY is not medically necessary.

1 Transcutaneous Electrical Stimuation Units (TENS Unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient complained of chronic low back pain, right shoulder pain, right hip pain, and bilateral knee pain. Symptoms persisted despite surgery, physical therapy, and intake of medications. However, medical records submitted and reviewed did not provide any evidence that patient is still continuing her home exercise program; TENS is not recommended as a solitary mode of treatment. Moreover, as stated on page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify body part to be treated, the intended duration of time for TENS, and if the device is for rental or purchase. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulator) unit is not medically necessary.

1 Prescription of Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin since January 2013. Substance abuse and misuse were not noted. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 1 Prescription of Oxycontin 20mg #120 is not medically necessary.