MAXIMUS Federal Services

Case Number:	CM14-0129180		
Date Assigned:	08/18/2014	Date of Injury:	04/20/2008
Decision Date:	10/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 62 year-old female was reportedly injured on 4/20/2008. The mechanism of injury is noted as a low back injury while unloading baggage. The claimant underwent three lumbar spine surgeries on 8/31/2011, 1/7/2013, and 1/8/2013. The most recent progress note, dated 3/5/2014, indicates that there were ongoing complaints of low back pain with radicular symptoms down the left leg. Physical examination demonstrated posterior midline surgical scar well-healed; lumbar range of motion: flexion 40, extension 20 and lateral flexion 20, motor strength: right foot eversion 5 -/5, otherwise 5/5 in lower extremities; deep tendon reflexes: 2+ patella and 2+ Achilles reflexes bilaterally. No recent diagnostic imaging studies available for review. Previous treatment includes 3 lumbar spine surgeries, physical therapy, chiropractic treatment and medications to include Norco, Flexeril, Quazepam, and Tramadol. A spinal cord stimulator trial had been recommended and the claimant was awaiting authorization for psychiatric clearance. A request had been made for 1 home healthcare nursing - four hours a day for one month, one prescription refill Tramadol, and 1 functional capacity evaluation, which were not certified in the utilization review on 7/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for home healthcare nursing - four hors a day for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilty Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: MTUS guidelines support home health services for 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. Review of the available medical records, indicates that the claimant has chronic back pain since a work-related injury in April 2008; however, fails to document the criteria required by the guidelines. As such, this request is not considered medically necessary.

1 prescription refill of tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Opioids for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: MTUS treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication in the past. Review of the available medical records, does not document a failure to a first-line option. Furthermore, the claimant is currently taking two short-acting pain medications. Given the claimant's date of injury, clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.

1 functional capacity evaluation: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (Electronically Cited).

Decision rationale: ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical

reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records, indicate the claimant continues to suffer from chronic back pain; however, this request does not meet guideline criteria. As such, FCE is not considered medically necessary.