

<b>Case Number:</b>	CM14-0164223		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; earlier cervical fusion surgery; unspecified amounts of psychotherapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator failed to approve requests for a home health aide and acupuncture. Overall report rationale was extremely sparse. The claims administrator did not state what guidelines it was employing in its rationale. The claims administrator did state, at the bottom of the report, however, that it was employing the MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines in its decision. Said guidelines, however, were not incorporated into the report rationale. The applicant's attorney subsequently appealed. In an April 16, 2014 progress note, the applicant was described as worsened. Multifocal pain complaints were noted. The applicant was using BuTrans patches. The applicant also had headaches and neuralgia. The applicant was given diagnoses of lumbar radiculopathy, shoulder impingement syndrome, and brachial neuritis. A home health aide was endorsed to help the applicant with personal care and hygiene. BuTrans patches were renewed. The applicant was kept off of work, on total temporary disability. Omeprazole, Neurontin, Soma, BuTrans, Naprosyn, and Ambien were all likewise renewed. In an April 23, 2014 progress note, the applicant's disability status was described as "unchanged." The applicant underwent a shoulder corticosteroid injection on April 21, 2014. The home health aide and additional acupuncture were apparently sought via an RFA form dated September 4, 2014. In an August 12, 2014 RFA form, six sessions of acupuncture and 12 sessions of physical therapy were sought, along with a home health aide.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 5 Hours/Day 7 Days per Week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services CMS Publication No. 10969 (Revised September 2007)

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

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are endorsed only to deliver otherwise recommended medical care in applicants who are homebound. In this case, however, there was no mention of the applicant's being home bound. It is further noted that the services being sought by the attending provider, namely assistance with self-care, activities with daily living, personal hygiene, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines do not represent medical treatment. Therefore, the request is not medically necessary.

**Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question appears to represent a renewal request for acupuncture as the several requests for acupuncture had been initiated at various points in 2014. As noted in the MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on various analgesic and adjuvant medications, including BuTrans, Soma, Neurontin, Ambien, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture. Therefore, the request is not medically necessary.