

Case Number:	CM14-0167971		
Date Assigned:	10/15/2014	Date of Injury:	01/22/2005
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in interventional spine 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 patient is a 75 years old female with an injury date of 01/22/05. The 09/14/14 report by [REDACTED] states that the patient presents with lower back pain occasionally radiating to the bilateral lower extremities. With medications pain is 5-6/10 and without 10/10. The patient reports constipation associated with use of medications that is controlled by Docuprene. Examination of the lumbar spine shows tenderness to palpation of the bilateral lumbar paraspinals, greatest over the bilateral L3-4 and L4-5 and L5-S1 region. Severe muscle spasm is noted bilaterally throughout the paraspinous musculature. There is positive facet challenge at the bilateral L3-4, L4-5 and L5-S1 region. The patient's diagnoses include: Status post fusion at L3-4 Lumbar HNP with L2-L3 and L5-S1 moderate bilateral neural foraminal narrowing Lumbar facet arthropathy Lumbar radiculopathy Adjacent segment disease of the lumbar spine Current medications are listed as Norco and Docuprene. The utilization review being challenged is dated 10/02/14. The rationale regarding transportation service is that it is not a medical service for the cure and relief of an industrial injury and not within the scope of the utilization review. Regarding home health care the rationale is that guidelines require the patient to be confined to the home or leaving would require taxing effort and that the patient requires intermittent home health services. Reports were provided from 02/26/07 to 09/15/14. Status post fusion at L3-4 Lumbar HNP with L2-L3 and L5-S1 moderate bilateral neural foraminal narrowing Lumbar facet arthropathy Lumbar radiculopathy Adjacent segment disease of the lumbar spine Current medications are listed as Norco and Docuprene. The utilization review being challenged is dated 10/02/14. The rationale regarding transportation service is that it is not a medical service for the cure and relief of an industrial injury and not within the scope of the utilization review. Regarding home health care the rationale is that guidelines require the patient to be confined to

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IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation service: Overturned

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) Transportation service, under Knee and Leg Chapter,

Decision rationale: The patient presents with lower back pain occasionally radiating the bilateral lower extremities rated 5-10/10. The treater requests for Transportation service. On 09/15/14 the treater states that the patient is authorized for a Medial Branch Block and is requesting transportation to and from the [REDACTED] for the procedure. The treater also states, "She does not have family that is available to help her get this treatment performed...She lives alone and has had bad experience caring for her self following an ESI to the lumbar spine in the past. The patient feels unstable with her gait and that she is at risk of fall, and with the sedation used during the procedure this would ensure maximum post-procedural safety."ODG guidelines discuss transportation to and from appointments in the Knee and Leg Chapter. It is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the treater indicates that the patient is unable to self-transport due to the patient's unstable gait and the use of sedation used during the planned Medial Branch Block procedure. The patient lives alone and does not have family available to help her. The 07/01/14 report by [REDACTED] states the patient's gait is mildly antalgic and the 05/28/14 report by [REDACTED] states the gait is antalgic. [REDACTED] further states the patient has difficulty with personal care, work, driving, sleeping, recreation, sitting, standing, social life, traveling and walking. The patient completed a low back disability index questionnaire with a score of 31 indicating a crippling disability. The treater does not state the patient is unable to safely travel outside the home. The reports do document difficulty in travelling. However, sedation involved in this procedure adds an element of hazard to the patient not present in everyday activities. Recommendation is for authorization.

Home Health Care: Upheld

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

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

Decision rationale: The patient presents with lower back pain occasionally radiating the bilateral lower extremities rated 5-10/10. The treater requests for Home health care for the duration of the first evening and night 12-24 hours. On 09/15/14 the treater states that the patient is authorized for a Medial Branch Block. The treater also states, "She does not have family that is available to help her get this treatment performed...She lives alone and has had bad experience caring for her self following an ESI to the lumbar spine in the past. The patient feels unstable with her gait and that she is at risk of fall, and with the sedation used during the procedure this would ensure maximum post-procedural safety." MTUS page 51 has the following regarding home health services: "Recommended only for otherwise recommended 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." In this case, the patient is to undergo medial branch blocks, which are typically diagnostic that does not require any or heavy sedation. The procedure would not result in any additional disability to warrant home health services for that night. None of the guidelines discuss any additional home aid following these procedures. Recommendation is for denial.