

Case Number:	CM15-0113582		
Date Assigned:	06/22/2015	Date of Injury:	03/07/2013
Decision Date:	08/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 40-year-old male, who sustained an industrial injury on 3/7/13. He reported pain in his lower back. The injured worker was diagnosed as having lumbar radiculopathy and lumbar spine sprain. Treatment to date has included an EMG/NCV on 1/30/14 with abnormal results, a lumbar MRI on 9/13/13 showing L4-L5 mild retrolisthesis with a 4-5mm disc protrusion and a lumbar cortisone injection with minimal relief. As of the PR2 dated 3/20/15, the injured worker reports persistent low back pain with radicular symptoms into the right and left leg. Objective findings include decreased lumbar range of motion, a positive straight leg raise test bilaterally at 75 degrees and spasms in the lumbar paraspinal muscles. The treating physician recommended a lumbar fusion surgery. The treating physician requested a rehabilitation center for month, a hospital bed with elevated trapezius, a visiting nurse for two weeks and a home health assistant for cooking, cleaning, grocery, shopping and laundry, four hours per day, seven days a week for three weeks, then two to three times week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation Center for one month: 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 Skilled Home Health Care Nursing Services Anthem.

Decision rationale: The patient presents with pain in the low back with radicular symptoms into the bilateral lower extremities. The request is for Rehabilitation center for one month. The RFA is dated 01/15/15 and the patient's date of injury is 03/17/13. The diagnoses include lumbar radiculopathy and lumbar spine sprain. Per 12/26/14 report, physical examination revealed tenderness to palpation with muscle spasms in the lumbar paraspinal muscles. There is decreased range of motion and a positive straight leg raise, bilaterally. Treatment to date has included an EMG/NCV on 1/30/14 with abnormal results, a lumbar MRI on 9/13/13 showing L4-L5 mild retrolisthesis with a 4-5mm disc protrusion and a lumbar cortisone injection with minimal relief. The treating physician has recommended a lumbar fusion surgery at L3-L4 and L4-L5. Medications include Norco, Ultram, Fexmid, Anaprox and Prilosec. The patient is temporarily totally disabled. ACOEM, MTUS and ODG guidelines do not discuss in-patient nursing facilities. For Skilled Home Health Care Nursing Services Anthem has the following: Acute inpatient rehabilitation services are medically necessary when all of the following are present: 1. Individual has a new (acute) medical condition or an acute exacerbation of a chronic condition that has resulted in a significant decrease in functional ability such that they cannot adequately recover in a less intensive setting; 2. Individual's overall medical condition and medical needs either identify a risk for medical instability or a requirement for physician and other personnel involvement generally not available outside the hospital inpatient setting; 3. Individual requires an intensive inter-disciplinary, coordinated rehabilitation program (as defined in the description of service) with a minimum of three (3) hours active participation daily; 4. Individual is medically stable enough to no longer require the services of a medical/surgical inpatient setting; 5. The individual is capable of actively participating in a rehabilitation program, as evidenced by a mental status demonstrating responsiveness to verbal, visual, and/or tactile stimuli and ability to follow simple commands. For additional information regarding cognitive status, please refer to the [REDACTED] Cognitive Scale (Appendix B); 6. Individual's mental and physical condition prior to the illness or injury indicates there is significant potential for improvement; (See Note below) 7. Individual is expected to show measurable functional improvement within a maximum of seven (7) to fourteen (14) days (depending on the underlying diagnosis/medical condition) of admission to the inpatient rehabilitation program; 8. The necessary rehabilitation services will be prescribed by a physician, and require close medical supervision and skilled nursing care with the 24-hour availability of a nurse and physician who are skilled in the area of rehabilitation medicine; 9. Therapy includes discharge plan. In this case, this patient does not meet the criteria set forth by Anthem to establish the medical necessity of rehabilitation in an inpatient nursing facility. Furthermore, the treating physician is requesting care at an inpatient nursing facility for post operative rehab, but does not discuss why post-operative care could not be managed by the PTP or operating physician. Furthermore, the requested operation has not been authorized, per provided medical records. This request is not medically necessary.

Hospital bed with elevated trapezius: 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) Low Back - Lumbar & Thoracic Chapter, under Mattress Selection and Other Medical Treatment Guidelines Regarding hospital bed, Aetna.com.

Decision rationale: The patient presents with pain in the low back with radicular symptoms into the bilateral lower extremities. The request is for a hospital bed with elevated trapezius. The RFA is dated 01/15/15 and the patient's date of injury is 03/17/13. The diagnoses include lumbar radiculopathy and lumbar spine sprain. Per 12/26/14 report, physical examination revealed tenderness to palpation with muscle spasms in the lumbar paraspinal muscles. There is decreased range of motion and a positive straight leg raise, bilaterally. Treatment to date has included an EMG/NCV on 1/30/14 with abnormal results, a lumbar MRI on 9/13/13 showing L4-L5 mild retrolisthesis with a 4-5mm disc protrusion and a lumbar cortisone injection with minimal relief. The treating physician recommended a lumbar fusion surgery at L3-L4 and L4-L5. Medications include Norco, Ultram, Fexmid, Anaprox and Prilosec. The patient is temporarily totally disabled. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)" Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. Per 12/26/14 report, treater states, "If surgery is carried out, the postoperative care will include: a hospital bed with elevated trapezius." There is no provided documentation of the requested lumbar interbody fusion being authorized or completed. In addition, ODG does not support "any type of specialized mattress or bedding as a treatment for low back pain." And post-operative need for a hospital bed is not discussed in ODG or other guidelines. Furthermore, there is no mention of pressure ulcers that would warrant a special support surface. And there is no documentation that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. The request does not meet any guideline criteria. Therefore, the request is not medically necessary.

Visiting nurse for two weeks: 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 Home health services Page(s): 51.

Decision rationale: The patient presents with pain in the low back with radicular symptoms into the bilateral lower extremities. The request is for a hospital bed with elevated trapezius. The RFA is dated 01/15/15 and the patient's date of injury is 03/17/13. The diagnoses include lumbar radiculopathy and lumbar spine sprain. Per 12/26/14 report, physical examination revealed tenderness to palpation with muscle spasms in the lumbar paraspinal muscles. There is decreased range of motion and a positive straight leg raise, bilaterally. Treatment to date has included an EMG/NCV on 1/30/14 with abnormal results, a lumbar MRI on 9/13/13 showing L4-L5 mild retrolisthesis with a 4-5mm disc protrusion and a lumbar cortisone injection with minimal relief. The treating physician recommended a lumbar fusion surgery at L3-L4 and L4-L5. Medications include Norco, Ultram, Fexmid, Anaprox and Prilosec. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 51 for Home health services states: 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. In this case, the treater has requested for a visiting nurse for two weeks if the requested lumbar interbody fusion is authorized. If the lumbar interbody fusion is authorized then the skilled nursing visits would be in accordance with MTUS guidelines. However, there is no documentation in the provided reports of the operation being authorized or completed. Therefore, two weeks of skilled nursing visits cannot be substantiated. The request for a visiting nurse for 2 weeks is not medically necessary.

Home health assistant for cooking, cleaning, grocery, shopping and laundry, four hours per day, seven days a week for three weeks, then two to three times week for six weeks:
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 Home health services Page(s): 51.

Decision rationale: The patient presents with pain in the low back with radicular symptoms into the bilateral lower extremities. The request is for home health assistant for cooking, cleaning, grocery shopping, laundry, four hours per day, seven days a week for three weeks, then two to three times for six weeks. The RFA is dated 01/15/15 and the patient's date of injury is 03/17/13. The diagnoses include lumbar radiculopathy and lumbar spine sprain. Per 12/26/14 report, physical examination revealed tenderness to palpation with muscle spasms in the lumbar paraspinal muscles. There is decreased range of motion and a positive straight leg raise, bilaterally. Treatment to date has included an EMG/NCV on 1/30/14 with abnormal results, a lumbar MRI on 9/13/13 showing L4-L5 mild retrolisthesis with a 4-5mm disc protrusion and a lumbar cortisone injection with minimal relief. The treating physician recommended a lumbar fusion surgery at L3-L4 and L4-L5. Medications include Norco, Ultram, Fexmid, Anaprox and Prilosec. The patient is temporarily totally disabled. MTUS Guidelines page 51 has the following regarding home service, "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, 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 treater is requesting for this home health care in the event the requested surgery is authorized and completed. MTUS does

allow for up to 35 hours per week for patients who are homebound on a part time or intermittent basis and this request is within that recommendation at 28 hours per week. However, MTUS is also clear that "medical treatment does not include homemaker services like shopping, cleaning, laundry." Additionally, there is no documentation of the requested surgery being authorized. Considering the request specifically states it is for use of cooking, cleaning, grocery shopping and laundry for 4 hours per day, the request is not within guideline criteria and is not medically necessary.