Case Number:	CM15-0176058		
Date Assigned:	09/17/2015	Date of Injury:	07/21/2003
Decision Date:	12/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal Medicine

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 62 year old male who sustained an industrial injury on 7-21-03. A review of the medical records indicates he is undergoing treatment for lumbosacral disc injury with fusion at level L2-L3 and L3-L4 on 9-14-07, history of lumbosacral revision surgery on 3- 26-09, lumbosacral disc injury, right L5 lumbosacral radiculopathy, and history of seroma formation and infection of spine - treated. Medical records (5-5-15 to 7-29-15) indicate ongoing complaints of low back pain that radiates into the buttocks with numbness and tingling and lower neck pain that radiates into bilateral shoulders and fingers. The physical exam (5-5-15) indicates decreased range of motion of the cervical, thoracic, and lumbar spine. "Slight weakness" was noted in the bilateral neck. Deep tendon reflexes in the knees were hypoactive. The injured worker was noted to enter the appointment in a wheelchair. He was noted to "only be able to walk a few steps" and had a "slight limp". The injured worker indicated that, regarding his activities of daily living, he does not get dressed, washes with difficulty, and stays in bed or lies down most of the day. He can only lift very light weights, uses a wheelchair most of the day, has a lot of difficulty climbing stairs, and is unable to sit for long periods of time. He also has increased difficulty reaching and grasping, gripping, and manipulating objects with his hands.
He is unable to kneel, bend, or squat. He indicates his sleep is "completely disturbed". Diagnostic studies have included x-rays of the hip on 3-7-12 and an MRI of the lumbar spine on 8-20-14. Treatment has included a L3-L5 anterior interbody fusion on 8-21-09 and medications. He has also undergone injections, therapy, and acupuncture treatments. Treatment recommendations include water therapy "to help him move", the use of a TENS unit for chronic

pain condition, and a functional restoration program. He is encouraged to do exercises and apply heat and cold packs. A home health aide is recommended (7-29-15). The utilization review (8-17-15) indicates requests for authorization for a functional restoration program, a home health aide for in-home care, hot water therapy, and home visits for assistance with activities of daily living and personal care (home cleaning once per week). The requests were denied with the following rationales: 1. Functional restoration program -"there was no evidence of an interdisciplinary evaluation outlining the rationale for the request". The rationale indicates that an interdisciplinary assessment should first be undertaken to address appropriateness of the intensity of care. 2. Home health aide - "there is no evidence that the patient is homebound to substantiate the necessity for this request". 3. Electric scooter - "there was no documentation of profound weakness and lower extremities with strength less than three out of five to substantiate the necessity for this device or that an alternative such as a cane was tried and failed to address patient needs". 4. Hot water therapy - "there is no evidence of significant obesity of body habitus issues to support this request". 5. Home cleaning once per week - "there is no evidence that the patient is homebound to substantiate the necessity for this request".

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) x 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain - Functional restoration programs (FRPs).

Decision rationale: Per ODG guidelines FRP's are recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is no documentation of prior therapy attempted or the results of said interventions that would require an intensive program such as an FRP or of response to FRP to date. The request is not medically necessary or appropriate.

Home health aide or certified nurse assistant, providing care in the home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back - home health services.

Decision rationale: Per ODG guidelines, home health aides are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. These recommendations are consistent with Medicare Guidelines. The request is not medically necessary or reasonable.

Electric scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg - Power Mobility Devices (PMD).

Decision rationale: Per ODG guidelines, PMD's are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. According to the documentation the IW was able to ambulate with a rolling walker. The request is not medically necessary or appropriate.

Hot water therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg - Whirlpool bath equipment.

Decision rationale: Per ODG guidelines, whirlpool equipment is recommended if the patient is homebound and has a condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, recommendation is restricted to the cost of providing the services elsewhere, e.g., an outpatient department of a hospital or a physical therapy clinic, if that alternative is less costly.

See also Durable medical equipment (DME). If provided at a physical therapy clinic, then see Physical medicine treatment, for number of visits recommended. See also Aquatic therapy as an optional form of exercise therapy. There is no clear rationale as to why hot water therapy was being requested vs. standard aquatic therapy. The request is not medically necessary or appropriate.

Home visit for assistance with activities of daily living and personal care (home cleaning once a week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back - home health services.

Decision rationale: Per ODG guidelines, home health aides are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. These recommendations are consistent with Medicare Guidelines. The request is not medically necessary or reasonable.