

Case Number:	CM15-0038317		
Date Assigned:	03/09/2015	Date of Injury:	08/01/2006
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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 68 year old female who sustained a work related injury August 1, 2006. While stepping out of an elevator, there was a seven or eight inch gap, as it didn't come to the floor all the way and she slipped on linoleum and fell forward with her right side hitting the wall. Past history included s/p anterior lumbar vertebrectomy with spinal nerve root decompression at L4, L5, and S1 with anterior discectomy and bilateral foraminotomy at L4, L5 and S1; anterior interbody fusion at L4-5 and L5-S1, anterior biomechanical cage application L4-5 and L5-S1, anterior spinal instrumentation, L4 through S1, with insertion of autogenous bone graft/bone morphogenetic protein; lumbar Gill procedure with abnormal facets; neural decompression at L4, L5, and S1, with posterior osteotomy and correction of flat back deformity at L4 through S1; posterolateral fusion L4 through S1, segmental instrumentation with graft and pedicle screw plus rod placement, L4 through S1, January 2011; s/p right knee arthroscopic partial medial meniscectomy March 2009. According to a primary treating physician's progress report dated January 12, 2015, the injured worker presented with continued complaints of pain to her lumbar spine and right knee. Diagnoses included lumbar sprain/ strain with 2mm disc bulge L2-3, 5mm posterior disc bulge L3-4 7mm disc bulge L4-5; s/p lumbar surgery; lumbar spine right lower extremity radiculopathy; left knee chondromalacia patella, overcompensation injury; diabetes; hypertension; chronic pain syndrome depression/anxiety and weight gain/obesity. Treatment plan included medications and continue home exercise program. A supplemental report from the treating physician dated January 13, 2015, requested home health care for assistance with cooking and cleaning, a new mattress and a new chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

New mattress purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, under Mattress Selection.

Decision rationale: The patient presents with low back pain radiating to right leg and the right foot, with tingling and numbness, and right knee pain radiating to the right thigh. The request is for NEW MATTRESS PURCHASE. Per 01/12/15 progress report, patient's diagnosis include lumbar sprain/strain with a 2 mm disc bulge at L2-3 encroaching on the right neural foramen, a 5 mm posterior disc bulge at L3-4 with encroachment on the existing right L3 spinal nerve, a 7 mm disc bulge at L4-5 with moderate flattening of the left dural sac, per MRI December 18 2007, lumbar spine status post anterior lumbar vertebrectomy with spinal nerve root decompression at L4, L5 and S1, with anterior discectomy and bilateral foraminotomy at L4, L5 and S1, anterior interbody fusion at L4-5 and L5-S1, anterior biomechanical cage application at L4-5 and L5-S1, anterior spinal instrumentation, L4 through S1 with insertion of autogenous bone graft/bone morphogenic protein, lumbar Gill procedure with abnormal facets, neural decompression at L4, L5, and S1, with posterior osteotomy and correction of flat back deformity at L4 through S1, posterolateral fusion, L4 through S1, segmental instrumentation, L4 through S1, with autogenous bone graft/cortical cancellous allograft and pedicle screw plus rod placement, L4 through S1, date of surgery January 27 2011, lumbar spine postoperative changes, L4 through S1 fusion without evidence of hardware complication or loosening, multilevel degenerative spondylosis and minimal to mild degree of central canal and neural foramen stenosis at L1-2, L2-3 and L3-4 with a minimal disc bulge of 2 mm at L1-2 and L3-4 per CT myelogram dated February 21, 2012, lumbar spine right lower extremity radiculopathy, per clinical examination and per EMG of March 26, 2007, right knee partial medial meniscal tear with moderately severe thinning of the patellar cartilage consistent with chondromalacia, large joint effusion, per MRI scan of the right knee, February 18, 2007, right knee status post arthroscopic partial medial meniscectomy, date of surgery March 31, 2009, left knee chondromalacia patella, overcompensated injury, bilateral knee patellar tendinitis, right lower extremity sympathectomy for right moderately sciatica, August 2010, diabetes, industrially aggravated, hypertension, industrially aggravated, depression/anxiety, ulcerative colitis, due to medication use, weight gain and obesity, chronic pain syndrome. Per 01/12/15 progress report, patient's medications include Soma, Ambien, Norco and Xanax. Patient is permanently 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)"

Per progress report dated 01/13/15, treater's reason for the request is "The patient needs a new mattress that can better accommodate her needs." ODG does not support any type of specialized mattress or bedding as a treatment for low back pain. There is no mention of pressure ulcers that would warrant a special support surface. Post-operative need for a hospital bed is not discussed in ODG or other guidelines. In this case, the request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.

New chair purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Knee & Leg and Title DME.

Decision rationale: The patient presents with low back pain radiating to right leg and the right foot, with tingling and numbness, and right knee pain radiating to the right thigh. The request is for NEW CHAIR PURCHASE. Per 01/12/15 progress report, patient's diagnosis include lumbar sprain/strain with a 2 mm disc bulge at L2-3 encroaching on the right neural foramen, a 5 mm posterior disc bulge at L3-4 with encroachment on the existing right L3 spinal nerve, a 7 mm disc bulge at L4-5 with moderate flattening of the left dural sac, per MRI December 18 2007, lumbar spine status post anterior lumbar vertebrectomy with spinal nerve root decompression at L4, L5 and S1, with anterior discectomy and bilateral foraminotomy at L4,L5 and S1, anterior interbody fusion at L4-5 and L5-S1, anterior biomechanical cage application at L4-5 and L5-S1, anterior spinal instrumentation, L4 through S1 with insertion of autogenous bone graft/bone morphogenic protein, lumbar Gill procedure with abnormal facets, neural decompression at L4, L5, and S1, with posterior osteotomy and correction of flat back deformity at L4 through S1, posterolateral fusion, L4 through S1, segmental instrumentation, L4 through S1, with autogenous bone graft/cortical cancellous allograft and pedicle screw plus rod placement, L4 through S1, date of surgery January 27 2011, lumbar spine postoperative changes, L4 through S1 fusion without evidence of hardware complication or loosening, multilevel degenerative spondylosis and minimal to mild degree of central canal and neural foramen stenosis at L1-2, L2-3 and L3-4 with a minimal disc bulge of 2 mm at L1-2 and L3-4 per CT myelogram dated February 21, 2012, lumbar spine right lower extremity radiculopathy, per clinical examination and per EMG of March 26, 2007, right knee partial medial meniscal tear with moderately severe thinning of the patellar cartilage consistent with chondromalacia, large joint effusion, per MRI scan of the right knee, February 18,2007, right knee status post arthroscopic partial medial meniscectomy, date of surgery March 31, 2009, left knee chondromalacia patella, overcompensated injury, bilateral knee patellar tendinitis, right lower extremity sympathectomy for right moderately sciatica, August 2010, diabetes, industrially aggravated, hypertension, industrially aggravated, depression/anxiety, ulcerative colitis, due to medication use, weight gain and obesity, chronic pain syndrome. Per 01/12/15 progress report, patient's medications include Soma, Ambien, Norco and Xanax. Patient is permanently disabled.ODG guidelines, Chapter Knee & Leg and Title DME, states that The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and

customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Per progress report dated 01/13/15, treater's reason for the request is "The patient needs a new chair that can better accommodate her needs." In this case, the medical purpose of this request is not known. ODG does not support DME unless it has a specific medical purpose. Therefore, the request IS NOT medically necessary.

Home health care 4 hours a day 7 days a week for the right knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The patient presents with low back pain radiating to right leg and the right foot, with tingling and numbness, and right knee pain radiating to the right thigh. The request is for HOME HEALTH CARE 4 HOURS A DAY 7 DAYS A WEEK FOR THE RIGHT KNEE AND LUMBAR SPINE. Per 01/12/15 progress report, patient's diagnosis include lumbar sprain/strain with a 2 mm disc bulge at L2-3 encroaching on the right neural foramen, a 5 mm posterior disc bulge at L3-4 with encroachment on the existing right L3 spinal nerve, a 7 mm disc bulge at L4-5 with moderate flattening of the left dural sac, per MRI December 18 2007, lumbar spine status post anterior lumbar vertebrectomy with spinal nerve root decompression at L4, L5 and S1, with anterior discectomy and bilateral foraminotomy at L4,L5 and S1, anterior interbody fusion at L4-5 and L5-S1, anterior biomechanical cage application at L4-5 and L5-S1, anterior spinal instrumentation, L4 through S1 with insertion of autogenous bone graft/bone morphogenic protein, lumbar Gill procedure with abnormal facets, neural decompression at L4, L5, and S1, with posterior osteotomy and correction of flat back deformity at L4 through S1, posterolateral fusion, L4 through S1, segmental instrumentation, L4 through S1, with autogenous bone graft/cortical cancellous allograft and pedicle screw plus rod placement, L4 through S1, date of surgery January 27 2011, lumbar spine postoperative changes, L4 through S1 fusion without evidence of hardware complication or loosening, multilevel degenerative spondylosis and minimal to mild degree of central canal and neural forminal stenosis at L1-2, L2-3 and L3-4 with a minimal disc bulge of 2 mm at L1-2 and L3-4 per CT myelogram dated February 21, 2012, lumbar spine right lower extremity radiculopathy, per clinical examination and per EMG of March 26, 2007, right knee partial medial meniscal tear with moderately severe thinning of the patellar cartilage consistent with chondromalacia, large joint effusion, per MRI scan of the right knee, February 18,2007, right knee status post arthroscopic partial medial meniscectomy, date of surgery March 31, 2009, left knee chondromalacia patella, overcompensated injury, bilateral knee patellar tendinitis, right lower extremity sympathectomy for right moderately sciatica, August 2010, diabetes, industrially aggravated, hypertension, industrially aggravated, depression/anxiety, ulcerative colitis, due to medication use, weight gain and obesity, chronic pain syndrome. Per 01/12/15 progress report, patient's medications include Soma, Ambien, Norco and Xanax. Patient is permanently 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 01/13/15 progress report, treater states, " it is my opinion that it is medically reasonable and likely probable that the patient requires home health care on a constant basis to help her with cooking, cleaning and assist her in doing the laundry. She will require transportation to and from the doctor's appointments as well as to and from grocery shopping and errands". In regards to the request for a weekly home health care assistance, guidelines do not support the issuance of a home aide solely for the purpose of cooking, cleaning, doing laundry and running errands. There is no evidence of inability to do simple house chores. MTUS does not consider homemaker services medical treatments. Therefore, the request IS NOT medically necessary.