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| Case Number: | CM15-0067419 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 01/20/1987 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 70-year-old who filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 20, 1987. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for home health and medical transportation to and from employment. The claims administrator referenced an RFA form dated March 6, 2015, in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant reported issues with anxiety, depression, and difficulty performing activities of daily living. The applicant apparently fractured her fourth and fifth toes recently, it was acknowledged, on which he apparently kicked a stair. The date of the toe fracture was not detailed. The applicant was given refills of Soma and Duragesic. The applicant exhibited a visibly antalgic gait. The applicant was limping, it was acknowledged. On February 2, 2015, it was acknowledged that the applicant was receiving intrathecal pump pain. Ongoing complaints of low back pain radiating to the legs were reported. It was suggested that the applicant was using disability benefits. Soma and Duragesic were refilled. The applicant was apparently ambulating with the aid of a cane, it was acknowledged. On March 3, 2015, the applicant presented to obtain an intrathecal pump refill. Severe low back pain radiating to the left leg was reported. Soma and Duragesic were, once again, refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Help: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Home Health Services; Low Back chapter (<http://www.medicare.gov/publications/pubs/pdf/10969.pdf>).

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

Decision rationale: No, the request for home help was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health services are recommended only to deliver otherwise medically recommended treatment to the applicants who are home bound. Here, however, there was no evidence that the applicant was home bound. The applicant was apparently attending physician office visits off their own accord albeit with the aid of a cane. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that medical treatment does not include personal care such as bathing, dressing, laundry, shopping, cleaning, i.e., the services seemingly being sought here. Therefore, the request is not medically necessary.

Medical Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California: Chapter 12.1 - Criteria for Medical Transportation and Related Services r-15-98E II.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Transportation (to & from appointments).

Decision rationale: Similarly, the request for medical transportation was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 83, to achieve functional recovery, applicant must assume certain responsibilities, one of which includes making and keeping appointments. ACOEM, thus, seemingly takes a position that transportation to and from office visits is an article of the applicant's reasonability as opposed to an article of payer responsibility. ODG's Knee and Leg Chapter Transportation topic also notes that transportation is recommended for medically necessary transportation to appointments for applicants with disability, which prevent them from self-transport. Here, however, it was not clearly established that the applicant's fourth and fifth toe fractures in fact prevented her from self-transport. It did not appear that the fourth and fifth toe fractures had prevented or precluded the applicant with driving to and from physician's office visits of her own accord. The applicant was, it was further noted, some several months removed from the date of the toe fracture as of the date medical transportation was sought. It did not

appear, thus, that the applicant had a condition, which would prevent her from transporting herself to and herself from appointments. Therefore, the request was not medically necessary.