

Case Number:	CM15-0075395		
Date Assigned:	04/24/2015	Date of Injury:	04/02/2005
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 59-year-old female, who sustained an industrial injury on 4/2/2005. She reported low back pain. The injured worker was diagnosed as having lumbar spine sprain/strain with lower extremity radiculopathy, sacroiliac sprain, and cervical spine sprain. Treatment to date has included medications, and home health care. The request is for pain management consultation, continuation of home care assistance, and continuation of transportation to/from all medical appointments. On 3/16/2015, a PR-2 indicates she complained of low back pain, having difficulty with bathing, dressing. She reports her pain to be predominantly in the right buttock area. The treatment plan included home exercises, and pain management consultation. Several pages of the medical records are handwritten and difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Home Care Assistance 16 Hours/Day 7 Days/Week, 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The requested Continue Home Care Assistance 16 Hours/Day 7 Days/Week, 6 Weeks, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "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." The injured worker has low back pain, having difficulty with bathing, dressing. She reports her pain to be predominantly in the right buttock area. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Continue Home Care Assistance 16 Hours/Day 7 Days/Week, 6 Weeks is not medically necessary.

Pain Management Consult In Consideration Of Right S1 Joint Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The requested Pain Management Consult In Consideration Of Right S1 Joint Injection is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has low back pain, having difficulty with bathing, dressing. She reports her pain to be predominantly in the right buttock area. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met. Pain Management Consult In Consideration Of Right S1 Joint Injection is not medically necessary.

Continue Transportation To/From All Medical Appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Department of Health Care Services-California.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments).

Decision rationale: The requested Continue Transportation To/From All Medical Appointment, is not medically necessary. CA MTUS 2009 ACOEM Guidelines are silent on this issue. Official Disability Guidelines, Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments) Recommended for medically - necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009). The injured worker has low back pain, having difficulty with bathing, dressing. She reports her pain to be predominantly in the right buttock area. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met. Continue Transportation To/From All Medical Appointment is not medically necessary.