

<b>Case Number:</b>	CM15-0077118		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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, Florida, 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:

This 47 year old male sustained an industrial injury to the back on 3/15/05. Previous treatment included magnetic resonance imaging, physical therapy, one epidural steroid injections and medications. In 2007, the injured worker developed bilateral deep vein thromboses in his legs due to inactivity with subsequent vena cava filter placement. In an orthopedic evaluation dated 3/18/15, the injured worker complained of constant low back pain with radiation to bilateral lower extremity associated with numbness, burning and ting and constant severe neck pain with radiation to bilateral upper extremities. The injured worker could not bend or carry objects. The injured worker reported that his wife helped him bathe and dress. He had used crutches for ambulation since 2006. The physician noted that the injured worker would fall without them. Past medical history was significant for diabetes mellitus, hypertension, hypercholesterolemia, anxiety, seizures and sleep apnea. The physician recommended surgical intervention to be performed at a tertiary care institution due to the injured worker's underlying medical condition. The physician stated that he would not feel comfortable attempting surgery in a community hospital and referred the injured worker back to his primary treating physician. In a PR-2 dated 4/7/15, current diagnoses included thoracolumbar sprain/strain with bilateral lower extremity radiculitis, multilevel disc bulge, lumbar spine degenerative disc disease, lumbar facet degenerative joint disease with stenosis, cervical spine sprain/strain and psychiatric complaints. The treatment plan included home care assistance performed by the injured worker's wife five hours a day, seven days a week for six weeks on an indefinite basis, transportation to and from

all medical appointments, a second opinion surgical consultation and medications (Norco, Zanaflex, Ativan and Colace).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One home health care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

**Decision rationale:** This claimant was injured 10 years ago. There was deep venous thrombosis development 8 years ago. As of March, there is constant low back pain. The spouse helps with activities of daily living. The diagnoses were low back strain, degenerative spine disease, and psychiatric complaints. It appears that the home health and transportation services would be performed by his wife. Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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. (CMS, 2004) As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified. Therefore is not medically necessary.

**One transportation to/from medical appointments:** 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) Knee, Transportation and Other Medical Treatment Guidelines Labor Code 4600(a).

**Decision rationale:** This claimant was injured 10 years ago. There was deep venous thrombosis development 8 years ago. As of March, there is constant low back pain. The spouse helps with activities of daily living. The diagnoses were low back strain, degenerative spine disease, and psychiatric complaints. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The only guidance on this matter of transportation is in ODG, which

notes: Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) It is not clear that the patient's impairment reaches a level of disability, and those other arrangements are not possible. Also, how one gets to appointments is not a medical treatment under California guidelines is not medical care. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. There is insufficient information to say such a request should be medically certified. Therefore is not medically necessary.

**Colace 100mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, 2014 web edition, regarding Colace.

**Decision rationale:** The MTUS and the ODG are silent on Colace. The Physician Desk Reference notes it is to soften stool and prevent constipation. It is not clear that there actually was constipation, and therefore that the medicine was essential. Also, natural fiber and other sources of avoiding constipation were not tried and exhausted per the records. The request is appropriately non-certified. Therefore is not medically necessary.