

<b>Case Number:</b>	CM15-0095061		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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:

The injured worker is a 44-year-old male, who sustained an industrial injury on 6/16/2014. He reported severe low back pain with radiation of the pain to his lower extremities from moving a water heater. Diagnoses have included low back pain, degenerative disc disease at L4-5 and L5-S1 and lumbar disc herniation with radiculopathy. Treatment to date has included surgery and medication. According to the progress report dated 3/16/2015, the injured worker complained of worsening back pain with radiation to the lower extremities, buttocks, thighs and calves. He had difficulty sitting, standing and walking. He could not stand for more than ten minutes or walk more than one block. He reported that his legs gave out on him. Physical exam revealed moderate discomfort on palpation in the mid-lumbar spine. It was noted that magnetic resonance imaging (MRI) of the lumbar spine showed L4-L5 moderate narrowing of the disc space. There was moderate bilateral disc bulge and moderate facet arthropathy. The recommendation was for a redo discectomy at L4-L5 and L-S1. Authorization was requested for in home care and transportation to and from appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home 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), Home health services.

**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:** 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. The request is being made for post surgical care and planning. The certification for the surgery is not known. The specific debility that would drive the need for home services is not noted. It should not be used 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) How and for what the services would be used is not noted. As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately not medically necessary.

**Transportation to and from appointments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Knee, Transportation and California Labor Code 4600(a). Decision based on Non-MTUS Citation Labor Code 4600(a).

**Decision rationale:** 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. In addition, 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 necessary.