

Case Number:	CM14-0142839		
Date Assigned:	09/10/2014	Date of Injury:	09/19/2012
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 9/19/2012. Per urology history and physical report dated 4/30/2014, the injured worker presents with neurogenic bladder. She had an urodynamic study, which was abnormal with a 127 cc bladder capacity and low leak point pressure. She has been using intermittent catheter to manage bladder with moderate leakage between cath. Following L4-5 laminectomy and discectomy on 8/27/2013, the injured worker lost sensation to the skin of the perineum and lower extremities. She had no sensation of bladder fullness or bowel fullness and was incontinent of both urine and stool. She is unable to ambulate safely alone with just a walker. She is bedridden during weekdays as all family members work. She needs to stay diapered during the day when no attendant is available and some skin problems have occurred. On examination, no hernias are present, and no CVA tenderness is present. Diagnosis includes neurogenic bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ #4 Boxes with 10 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requesting physician explains that the injured worker utilizes four boxes of "██████" per month. Each box contains four bags, so 16 bags of "██████" per month. The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for consumable personal hygiene products that are exceptional due to a medical condition and are therefore medically necessary. The request for ██████ #4 boxes with 10 refills is determined to be medically necessary.

██████ **#3 Bags with 10 refills:** Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for consumable personal hygiene products that are exceptional due to a medical condition and are therefore medically necessary. The request for ██████ #3 bags with 10 refills is determined to be medically necessary.

Ointment Cream 4oz x2 with 10 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is for consumable personal hygiene products that are exceptional due to a medical condition and are therefore medically necessary. The request for Ointment Cream 4oz x2 with 10 refills is determined to be medically necessary.