

Case Number:	CM13-0055371		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2000
Decision Date:	03/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

According to the records made available for review, this is a 54-year-old male with a 02/01/2000 date of injury. At the time of request for authorization for the purchase of an LSO Brace, two week rental of Motorized Cold Therapy Unit, home nursing for daily dressing changes for two weeks, home therapy three times a week for two weeks, and post-operative physical therapy two times a week for six weeks for the lumbar spine; there is documentation of subjective (low back pain radiating to the right leg with numbness) and objective (decreased lumbar range of motion, right lumbar tenderness, positive straight leg raising, minimal right extensor hallucis longus weakness, and decreased sensation in the right L5 and S1 dermatomes) findings, imaging findings (MRI of the lumbar spine (01/14/2009) report, which revealed disc bulges with spurring at L4-5 and L5-S, with mild bilateral foraminal stenosis at L5-S1, and borderline stenosis at L4-5), current diagnoses of displacement of lumbar intervertebral disc without myelopathy, sciatica, radiculopathy, low back pain, and degeneration of lumbar intervertebral disk, and treatment to date: medications, physical therapy, back brace, and injections. The 09/11/2013 medical report plan indicates L5-S1 anterior interbody fusion. There is no documentation of a pending surgery that is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of LSO Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

Decision rationale: The MTUS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Purchase of LSO Brace is not medically necessary.

Two (2) week rental of a motorized cold therapy unit: 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 PubMed article "Evidence-based impact of cryotherapy on postoperative pain, swelling, drainage and tolerance after orthopedic surgery".

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for two week rental of Motorized Cold Therapy Unit is not medically necessary.

Home nursing for daily dressing changes for two (2) weeks: Upheld

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 Chronic Pain Guidelines indicate 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. There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for home nursing for daily dressing changes for two weeks is not medically necessary.

Home therapy three (3) times a week for two (2) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for home therapy three times a week for two weeks is not medically necessary.

Post-operative physical therapy two (2) times a week for six (6) weeks for the lumbar spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-operative physical therapy two times a week for six weeks for the lumbar spine is not medically necessary.