

Case Number:	CM14-0105237		
Date Assigned:	07/30/2014	Date of Injury:	10/03/1997
Decision Date:	09/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 61-year-old male who reported an injury on 10/03/1997. He reportedly was sweeping with a push broom and straightened his back from a slightly bent over position, and hurt his back. On 05/07/2014 the injured worker presented with pain in the bilateral knees, low back and right leg. Upon examination, the injured worker was ambulating with the use of a cane for the left side. There was increased weakness of the quadriceps on the left side, and he walked with an antalgic gait. He was unable to step up on the exam room foot stool with the left leg unsupported, and back motion is 20 degrees. The diagnosis was severe lumbar stenosis with lateral disc herniation at L3-4. There were postoperative changes with foraminal stenosis from L4-5 and L5-S1 with no sagittal plane translation and internal derangement of the left knee. Prior treatment included surgery, physical therapy and medications. The provider recommended a home health visit, Cybertech back brace and external bone stimulator. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Visit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS state home health services are recommended only for injured worker who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. 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 restroom when this is the only care that is needed. There is lack of documentation on if the injured worker is homebound on a part time or intermittent basis. The medical treatment being requested for the home health visit was not provided. The provider's rationale was not provided for the request of home health visit. Additionally, the provider's request does not indicate the amount of home health visits being requested, or the frequency in the request as submitted. As such, the request is not medically necessary.

Cybertech Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The ACOEM/California MTUS Guidelines state because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in the treatment of the injured worker. As such, the request is not medically necessary.

Orthofix External Bone Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Bone Growth Stimulators.

Decision rationale: The California MTUS state bone growth stimulators are classified into 2 groups: electromagnetic or ultrasound. Electromagnetic stimulators are further divided inductive, otherwise known as pulsed electromagnetic fields, or capacitive coupling devices. According to the systematic review, for treatment and delayed union or nonunion, direct current pulsed electromagnetic fields and low intensity pulse ultrasound bone stimulators are selectively recommended due to small benefit. There is insufficient evidence to recommend 1 stimulator over another. The provider's request does not indicate the site to which the Orthofix external bone stimulator is indicated for in the request as submitted. As such, the request is not medically necessary.