

Case Number:	CM14-0111832		
Date Assigned:	08/04/2014	Date of Injury:	07/23/2009
Decision Date:	10/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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 Orthopedic Surgery and is licensed to practice in Montana. 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 49 year old male with a history of a cumulative trauma involving multiple body areas from 6/21/07-6/21/09. He is currently under treatment for complaints related to the neck, low back bilateral upper extremities and bilateral knees. The injured worker is to undergo an anterior cervical discectomy and fusion at the C5-6 and C6-7 levels. He has documented motor and sensory deficits in the C6 and C7 distribution bilaterally, but no long tract signs/symptoms. He has decreased right extensor hallucis longus strength at 4/5, decreased sensation in the dorsum of the right foot and decreased right achilles reflex at 1+ versus 2+ on the left, consistent with a right L5 radiculopathy. Several durable medical equipment items, home care, and transportation requests have been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standard lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address lumbar braces. The Official Disability Guidelines and American College of Occupational and Environmental Medicine guidelines both note that a complete history and clinical examination is to be provided prior to recommending treatment. These guidelines recommend the use of a lumbar brace in the presence of documented lumbar instability. While it is granted the injured worker has a history of low back pain with right L5 radiculopathy, there is no documentation of instability of the lumbar spine and no discussion of the reason(s) for the request of a standard lumbar brace in the documents provided for review. Absent this documentation, the medical necessity of the requested standard lumbar brace is not established and it cannot be recommended for certification.

3 in 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address the use of a commode. The Official Disability Guidelines and American College of Occupational and Environmental Medicine guidelines both note a complete history and clinical examination must be documented prior to recommending treatment. There is no documentation of an anticipated inability of the injured worker to use a standard toilet postoperatively. Absent this documentation, the medical necessity of the 3 in 1 commode is not established and it cannot be recommended for certification.

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee and Leg ChapterWalking Aids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address the use of a walker. The Official Disability Guidelines and American College of Occupational and Environmental Medicine guidelines both note a complete history and clinical examination must be documented prior to recommending treatment. There is no documentation of analgic gait or need for an assistive device either preoperatively or anticipated postoperatively. Based on this lack of documentation, the requested walker cannot be recommended for certification.

Home care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Home health services

Decision rationale: The Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine guidelines do not address home health services. The Official Disability Guidelines recommend home care services to provide medically necessary services to home bound injured workers. There is no documentation that the injured worker is home bound preoperatively nor anticipated to be home bound postoperatively. Absent this documentation, the requested home care services cannot be recommended for certification.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate Reference Citation: California Department of Health Services Criteria Manual Chapter 12.1. Criteria for Medical Transportation and Related Services.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: The Official Disability Guidelines and American College of Occupational and Environmental Medicine guidelines both note a complete history and clinical examination must be documented prior to recommending treatment. There is no documentation of a preoperative or anticipated postoperative inability of the injured worker to transport himself via private vehicle, be transported by another person in a private vehicle or inability to use public transportation. Consequently, the medical necessity of transport services is not established and the requested transportation cannot be recommended for certification.