MAXIMUS Federal Services

Case Number:	CM15-0106597		
Date Assigned:	06/10/2015	Date of Injury:	03/24/2011
Decision Date:	07/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/02/2015

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: Connecticut, California, Virginia
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 female, who sustained an industrial injury on 3/24/11. Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain with bilateral radicular pain; lumbar disc degeneration L5-S1; lumbar radiculopathy. Diagnostics included MRI lumbar spine (5/13/15). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker wishes to proceed with the L5-S1 anterior/posterior lumbar interbody fusion surgery but is concerned about hoe health care and child assistance during her recuperation. Her husband works full time and her sister could assist but would require remuneration for her assistance. There is no documentation evidence the injured worker is currently or preoperatively homebound for any medical condition. PR-2 note dated 3/24/15 indicates the injured worker wishes to have topical medication for her low back pain and wants to minimize oral medications in her recovery. The sister-in-law is able to assist for two to three months. The injured worker has been authorized for a L5-S1 anterior/posterior lumbar interbody fusion. The provider has requested authorization of Home Health Care; child care; and post-operative lumbar brace dispensed in the office. One brace was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op lumbar brace; dispensed in office: 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), Low Back Chapter, Back brace, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, lumbar supports.

Decision rationale: The MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG recommend lumbar bracing as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, there is some support for use of a brace in the post op setting, and as this patient faces surgery; one brace has already been approved by utilization review. The decision to deny another brace is reasonable based on the guidelines and provided documents. Therefore, the request is not considered medically necessary at this time.

Associated surgical service: Home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an intermittent basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case, utilization review has reasonably modified the requests for home health care and childcare to a home nurse assessment to better provide the most appropriate care plan after surgery. Therefore, the request in this case is not considered medically necessary as further evaluation is warranted per the modification.

Associated surgical service: child care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in

cases of patients who are homebound, and only on an intermittent basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case, utilization review has reasonably modified the requests for home health care and childcare to a home nurse assessment to better provide the most appropriate care plan after surgery. Therefore, the request in this case is not considered medically necessary as further evaluation is warranted per the modification.