

Case Number:	CM15-0169665		
Date Assigned:	09/10/2015	Date of Injury:	10/07/2007
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on 10-7-07. The injured worker underwent the first of 5 back surgeries to her lumbar region on 8-27-10. She was hospitalized for seven months during which she contracted meningitis, Methicillin-resistant Staphylococcus aureus causing osteomyelitis, and subsequent septic shock. The infection also traveled to her brain and she sustained permanent brain damage to her frontal and temporal lobes. On 3-16-11 she was discharged from the hospital and admitted to a post-traumatic brain injury rehabilitation program. In a supported living summary dated 6-1-15 to 6-30-15, it is noted the injured worker continues to participate in the supported living program. She picked up her medications as needed from the nursing department at the residential site when she ran out. She took her medications independently and saw her counselor. Low frustration tolerance improved. She completed daily tasks of activities of daily living with supervision. Home programs were completed intermittently. Current medications are Celexa, Colace, Norco, Klonopin, Ambien XR, Naprosyn, Acetylsalicylic Acid, and Humatrope. A request for authorization dated 7-30-15 lists the following: elastic lumbar support brace, Oxycontin 10 mg #90, supported living services for April 1-September 30, 2015, and Norco 10-325mg #90. The requested treatment of an elastic lumbar support brace and continued supportive living services for 5 months was denied on 8-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elastic lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace is not medically necessary.

Continued supportive living services for 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: 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. In this case, the particular services needed by the assisted living would not be skilled nursing or medical in nature. The length of time implies greater than 35 hours per week. The request for 5 months of living services is not medically necessary.