

Case Number:	CM15-0046636		
Date Assigned:	03/18/2015	Date of Injury:	12/27/2000
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 62 year old female, who sustained an industrial injury, December 27, 2000. The injured worker previously received the following treatments surgery to the left ankle, debridement of ulceration, lumbar spine MRI March 2, 2015, laboratory studies and toxicology laboratory studies and physical therapy 8 sessions. The injured worker was diagnosed with left ankle fracture, cervical sprain, lumbar strain/sprain with radicular pain, degenerative disc disease of C4-C5, L5 transitional vertebra and Grade 1 borderline Grade 2 anterolisthesis of the L4 vertebral body on the L5 vertebral body. According to progress note of February 3, 2015, the injured workers chief complaint was pain at the cervical neck. The injured worker had completed 8 sessions of physical therapy with improvement of pain. The physical exam noted muscle spasms, joint pain and peripheral neuropathy. The treatment plan included for home care 4 hours/day for 3 days a week for 6 week, LSO lumbar support brace and MRI of the cervical spine on February 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 4 hours/day, 3 day, 6 weeks: 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) Home Health Services.

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

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The patient is s/p ankle surgery in 2011. The request is for home care 4 hours/day, 3 day, 6 weeks. Per 02/16/15 progress report, that the patient has had 8 sessions of physical therapy with improvement. Per 02/03/14 AME's report, the patient has performed home exercises including limited walking. Physical examination reveals full range of wrist, hand, or hip motion and 70-90% of lumbar motion. The patient walks with a normal heel-toe gait. The patient has not worked since 2011. The MTUS Guidelines page 51 on home-health services (HHS) recommend "this service for patients who are home bound 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, laundering, and personal care given by home-health aids like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the review of the reports indicates that the patient has had HHS in the past. The treater does not explain whether or not the patient is home bound, and if so, why. Other than chronic pain, there is no rationale as to why the patient is unable to self-care requiring home health assistance. No specific medical care need is documented and the request appears to be for house care, which is not supported by MTUS. There is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. The request is not medically necessary.

LSO Lumbar Support Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrates Treatment/ Disability Duration Guidelines, Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, lumbar supports.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The patient is s/p ankle surgery in 2011. The request is for LSO lumbar support brace. The patient has not worked since 2011. MRI of the lumbar spine from 03/02/15 shows several bilateral L4-5 facet joint arthropathy with 5mm degenerating anterolisthesis of L4 on L5 and 2-3 mm disc bulge at L3-4. ACOEM Guidelines page 301 on lumbar bracing state, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended 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, the treater does not explain why LSO lumbar support brace is being requested. The patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The requested aspen quick draw brace is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, Neck and upper back chapter, MRI.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The patient is s/p ankle surgery in 2011. The request is for MRI of the cervical spine. The patient has not worked since 2011. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater does not explain why another MRI is being requested when the patient had a previous MRI on 11/26/14. MRI of the cervical spine shows marked facet degenerative joint disease at C4-5, right greater than left. There has been no intervening new injury, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure, or red flags to warrant another MRI. The request is not medically necessary.