

Case Number:	CM15-0086439		
Date Assigned:	06/17/2015	Date of Injury:	04/15/2013
Decision Date:	07/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained an industrial injury on 04/15/2013. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbar spine sprain/strain, herniated lumbar disc, positive MRI with radiculitis/radiculopathy, and status post epidural steroid injection with no relief. Treatment and diagnostics to date has included positive electromyography of the lower extremities for L5-S1 radiculopathy, lumbar spine MRI which showed disc protrusion with stenosis, epidural steroid injection, and medications. In a progress note dated 03/05/2015, the injured worker presented with complaints of severe low back pain rated 10 out of 10 on the pain scale. Objective findings include positive straight leg test, big toe weakness, paraspinal tenderness, and hypoesthesia at the anterolateral aspect of the foot and ankle. The treating physician reported requesting authorization for lumbosacral orthosis, cane, and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective LSO Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Back brace, post operative (fusion).

Decision rationale: Prospective LSO Brace is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The ODG indicates that post op braces after a fusion is under study. The MTUS guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal upcoming lumbar fusion or other extenuating reasons to go against guideline recommendations and would necessitate this brace. Therefore the request for lumbar support is not medically necessary.

Prospective 1 Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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- Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Prospective 1 cane is not medically necessary per the ODG guidelines. The ODG states that walking aids are recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. The recent documentation does not have a gait evaluation. Without an assessment of patient's gait the request for a prospective cane is not medically necessary.

Prospective 1 Home Health Care for assistants with activities of daily living to include cooking, cleaning, showering, bathing, grocery shopping Etc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: Prospective 1 Home Health Care for assistance with activities of daily living to include cooking, cleaning, showering, bathing, grocery shopping etc. is not medically necessary per the MTUS Guidelines. The MTUS states that home health is 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. The documentation is not clear that the patient is homebound and does not specify a duration or number of hours per week. The request is not medically necessary.