

Case Number:	CM15-0087016		
Date Assigned:	05/11/2015	Date of Injury:	09/18/2014
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 male who sustained a work related injury September 18, 2014. According to a treating physician's follow-up, dated March 25, 2015, the injured worker presented with a central disk protrusion in the mid part of the lumbar spine at L3/4 and L4/5. Cortisone shots done bilateral L3 and L4 have provided significant improvement. Physical therapy performed with 70% improvement but has significant right thigh pain, a little bit of numbness and tingling down into the leg and slight weakness on quadriceps as well as dorsiflexion. Assessment is documented as persistent weakness from a herniated disk at L3/4, slight stenosis L4/5. Treatment plan included request for a hemilaminectomy L3. At issue, is the request for authorization of a LSO (lumbar sacral) back brace and post-operative home health aide services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: LSO Back Brace: 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, Lumbar Supports.

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.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". A back brace used after surgery is under study for fusion and currently not recommended post operatively for any surgery. The request for brace accompanies a non-fusion surgery. Based on this the request is not medically necessary.

Post-operative Home health aide services 2-3 hours per day, 203 times per week for 4 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM is silent on the issue of home health services. According to the ODG Pain section, Home health services, "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 exam notes from 3/25/15 do not demonstrate the patient is homebound to require the utilization of home health services. Therefore the determination is not medically necessary.