

<b>Case Number:</b>	CM15-0232236		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 is a 55 year old male who sustained an industrial-work injury on 5-8-07. The injured worker was diagnosed as having chronic pain syndrome, post laminectomy syndrome, status post cauda equine syndrome with residual urological dysfunction, lumbar sprain-strain, lumbar radiculopathy, thoracic sprain-strain. Treatment to date has included current medication: Vicoprofen, Horizant, Colace, Prilosec; lumbar surgery on 9-20-08 and 9-23-08 and status post laminectomy, fusion, and discectomy at L3-4, L4-5 on 4-24-13, and chiropractic sessions (5 years prior with improvement). Currently, the injured worker complains of low and mid back pain described as achy, shooting, radiating, numbing, and cramping and rated 8 out of 10 and improved by rest and medication. There was also depression, anxiety, stress, insomnia. Per the primary physician's progress report (PR-2) on 10-27-15, exam noted numbness, dizziness, lightheadedness, joint pain, stiffness, muscle weakness, ambulation is with crutches, antalgic gait, low back with decreased painful range of motion, wearing an ill-fitting AFO (ankle foot orthoses) and awaiting replacement. Current plan of care includes podiatry consult, replace DME (durable medical equipment)-shower chair, lumbar belt for flare ups, home evaluation, chiropractic care, and medication. The Request for Authorization requested service to include home evaluation for occupational therapy, Chiropractic treatment times 6 to low back, and Lumbar support belt. The Utilization Review on 11-10-15 denied the request for home evaluation for occupational therapy, Chiropractic treatment times 6 to low back, and Lumbar support belt.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Home evaluation for occupational therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

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

**Decision rationale:** MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The patient has an antalgic gait and a decreased/painful range of motion. He is diagnosed with chronic pain syndrome, post laminectomy syndrome, status post cauda equine syndrome with residual urological dysfunction, lumbar sprain-strain, lumbar radiculopathy, and thoracic sprain-strain. Treatment to date has included medication, lumbar surgery on 9-20-08 and 9-23-08 and status post laminectomy, fusion, and discectomy at L3-4, L4-5 on 4-24-13, and chiropractic sessions (5 years prior with improvement). In this case, there is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. MTUS does not support home care assistance if this is the only care that is needed. The patient does not present with any organic basis for instability to perform home duties. The requested home evaluation is not medically necessary.

### **Chiropractic treatment times 6 to low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** MTUS Guidelines, Manual Therapy & Manipulation, pages 58-59 allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The patient has an antalgic gait and a decreased/painful range of motion. He is diagnosed with chronic pain syndrome, post laminectomy syndrome, status post cauda equine syndrome with residual urological dysfunction, lumbar sprain-strain, lumbar radiculopathy, and thoracic sprain-strain. Treatment to date has included medication, lumbar surgery on 9-20-08 and 9-23-08 and status post laminectomy, fusion, and discectomy at L3-4, L4-5 on 4-24-13, and chiropractic sessions (5 years prior with improvement). The reason for the request is not provided. MTUS guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. There is no indication of how these prior chiropractic sessions impacted the patient's

pain and function besides the general statement that the patient had improvement. There is no indication of how many sessions the patient had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of chiropractic care cannot be reasonably warranted as the medical necessity. The request is not medically necessary.

**Lumbar support belt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under Lumbar supports.

**Decision rationale:** ACOEM Guidelines page 301 on lumbar bracing states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the 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 treatment for nonspecific LBP (very low quality evidence, but may be a conservative option). The patient has an antalgic gait and a decreased/painful range of motion. He is diagnosed with chronic pain syndrome, post laminectomy syndrome, status post cauda equine syndrome with residual urological dysfunction, lumbar sprain-strain, lumbar radiculopathy, and thoracic sprain-strain. Treatment to date has included medication, lumbar surgery on 9-20-08 and 9-23-08 and status post laminectomy, fusion, and discectomy at L3-4, L4-5 on 4-24-13, and chiropractic sessions (5 years prior with improvement). The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the requested lumbar support belt is not medically necessary.