

<b>Case Number:</b>	CM14-0150620		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female with an injury date of 08/20/2010. According to the 08/14/2014 progress report, the patient complains of having bilateral wrist pain, lower back pain, and left shoulder pain. She has numbness and tingling in her left hand as well as a decreased grip/strength. "Patient is having difficulty taking care of herself with the injured body parts. She is unable to cook or clean and do activities of daily living." In regards to the cervical spine, there is spasm present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. Sensory is reduced in bilateral median nerve distribution. For lumbar spine, there is spasm present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. The 07/31/2014 report indicates that the patient also has neck pain and uses a back support for her lower back pain. The 05/27/2014 MRI of the lumbar spine revealed the following: 1. Multilevel mild to moderate disk degenerative changes associated with small to medium-sized Schmorl's nodes, the most significant Schmorl's node is at the inferior endplate of T12. 2. Annular fissures and 4-mm disk protrusions at L4-L5, L5-S1 causing slight mass effect on the thecal sac without significant mass effect on nerve roots identified. 3. Mild facet and ligament flavum hypertrophic changes with slight narrowing of the foramina at L4-L5. Minimal central stenosis at L4-L5 is also present. 4. Additional less significant findings are described. The patient's diagnoses include the following: 1. Cervical radiculopathy. 2. Lumbar radiculopathy. The utilization review determination being challenged is dated 09/10/2014. Treatment reports were provided from 03/20/2014 - 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping and home care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/> Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines has the following regarding home services Page(s): 51.

**Decision rationale:** According to the 08/14/2014 progress report, the patient complains of having bilateral wrist pain, lower back pain, and left shoulder pain. The request is for housekeeping and home care. MTUS page 51 has the following regarding home 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 treatments does not include homemaker servcies like shopping, cleaning, and laundryand personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed."" The 08/14/2014 report states, "we will order home care for the patient today due to her inability to cook or clean or take care of self." However, there is no home evaluation by a professional, no indication whether or not the patient is living alone. There are no diagnosis that prohibits the patient from self-care and ADL's other than from subjective pain. MTUS states that medical treatments do not include homemaker services if this is the only care needed. Therefore, the request for housekeeping and home care is not medically necessary and appropriate.

**Back support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/> Chronic Pain, <https://www.acoempracguides.org/> Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar supports

**Decision rationale:** According to the 08/14/2014 progress report, the patient complains of having bilateral wrist pain, lower back pain, and left shoulder pain. The request is for back support. There is no discussion provided as to why the patient needs back support. ACOEM Guidelines page 301 states, "lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also state, "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." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality

evidence). Given the lack of ACOEM and ODG Guidelines support for use of lumbar bracing, the request for back support is not medically necessary and appropriate.