

<b>Case Number:</b>	CM14-0162319		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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:

According to the records made available for review, this is a 54-year-old female with a 4/29/09 date of injury. At the time (9/3/14) of request for authorization for 1 Spinal Q posture brace, 1 In-home care, and Valium 5mg #45, there is documentation of subjective (neck and lower back pain) and objective (positive straight leg raising test, tenderness over the cervical and lumbar paraspinal musculature, upper trapezius, scapular border, and sacroiliac joint region, positive Patrick's test, and positive facet loading test) findings, current diagnoses (cervical radiculopathy, lumbar radiculopathy with failed back surgery syndrome, anxiety, depression, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Valium since 6/2/10), home exercise program, and treatment with TENS unit). Regarding posture brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding in-home services, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Regarding Valium, there is no documentation of short-term (up to 4 weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Spinal Q posture brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**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, Lumbar Support; and Back Brace, post operative (fusion)

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post-operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy with failed back surgery syndrome, anxiety, depression, and chronic pain syndrome. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for 1 Spinal Q posture brace is not medically necessary.

**1 In-home care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back - Lumbar and Thoracic (Acute and Chronic): In home care

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy with failed back surgery syndrome, anxiety, depression, and chronic pain syndrome. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for 1 In-home care is not medically necessary.

**Valium 5mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, lumbar radiculopathy with failed back surgery syndrome, anxiety, depression, and chronic pain syndrome. However, given documentation of records reflecting ongoing treatment with Valium since at least 6/2/10, there is no documentation of short-term (up to 4 weeks) treatment; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium 5mg #45 is not medically necessary.