MAXIMUS Federal Services

Case Number:	CM15-0122435		
Date Assigned:	07/06/2015	Date of Injury:	07/11/2011
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 64-year-old female, who sustained an industrial injury on 7/11/2011. The injured worker was diagnosed as having lumbar spondylosis and lumbar radicular pain. Treatment to date has included diagnostics, medications, physical therapy, and lumbar injections. Currently, the injured worker complains of significant low back pain and right greater than left leg pain. The treatment plan included a scheduled surgical intervention, noting L4-5 posterior decompression and interbody fusion with instrumentation. Associated recommended treatments included a TLSO (thoracolumbosacral orthosis) brace, a reacher, a long handed sponge, and home health evaluation and treatment x6 (Registered Nurse, physical therapy, and occupational therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: A custom TSLO back brace is not medically necessary in this patient. Although guidelines support the use of a back brace following a lumbar fusion, a custom brace extending to the thoracic spine is not necessary. Therefore, the request is deemed not medically necessary or appropriate.

Reacher: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment.

Decision rationale: CA MTUS does not address reachers. The ODG indicates reachers may be necessary for patients with upper extremity deficits. In this case, the patient is having back surgery and there is no documentation of an upper extremity deficit to warrant the necessity of a reacher/grabber. Thus, the request is deemed not medically necessary or appropriate.

Long Handled Sponge: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment.

Decision rationale: CA MTUS does not address long handled sponges. The ODG indicates that devices such as the long handled sponge may be necessary in cases of patients with upper extremity deficits. This patient is having back surgery and there is no evidence in the medical record of an upper extremity deficit warranted the need for a long handled sponge. Therefore, the request is not medically necessary or appropriate.

Home Health Evaluation and treat (RN, PT, OT) x 6: Upheld

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

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

Decision rationale: The CA MTUS recommends home health services for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Guidelines state that home health services are for medical treatment only and not for homemaker services such as shopping, laundry, cleaning, etc. In this case, it is not clear what services are being requested. There are no medical treatments requested and the patient should not be homebound due to her surgery. Therefore, the request is deemed not medically necessary.