

<b>Case Number:</b>	CM15-0175375		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/30/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 59 year old female who sustained an injury on 8-30-01. She injured her neck, right shoulder and lower back. The initial orthopedic spine consultation on 4-20-15 reports she has shoulder, neck, lower back, left arm and left leg pain. Assessments listed are chronic persistent axial lower back pain and significant left leg pain status post lumbar fusion in 2005; chronic neck, left arm status post neck surgery in 2008; chronic right shoulder pain, rule out recurrent tear; chronic pain management; stable weakness upper extremity and lower extremity most like pain mediated without any signs of myelopathy. Her symptoms have progressively worsened in the past 7 years. Additional diagnostic tests were recommended; CT myelogram of her neck; MR-arthrogram of the right shoulder. Her pain is disabling and she can barely stand or walk. Medications recommended were Neurontin for the arm pain and Medrol DosePak for five days. 6-18-15 RF myelogram lumbar spine performed; CT myelogram lumbar spine; 6-3-15 MR arthrogram right shoulder. 6-30-15 progress report indicates low back pain that radiates down her left leg into the calf. Examination of the lumbar spine reveals normal lordosis, large midline incision well healed. She can ambulate without an antalgic gait, can heel and toe walk without difficulty and no pelvic tilt noted. There is mild pain on palpation of the lower lumbar spine but also in mid lumbar facet joint regions. Authorizations for bilateral L3-4 facet block injections to treat her ongoing low back pain as she has already tried postoperative therapy, medications, work modification and rest from previous lumbar fusion at L4-5. On 8-10-15 she continues to have low back pain and any sort of prolonged sitting or standing worsens her symptoms. The pain is rated as 10 out of 10. The neurologic evaluation motor examination reveals left 4+, 5 left

quadriceps; paresthesia and dysesthesias in the left posterior buttock, thigh and calf. Reflexes are 0, 4 and symmetrical in the quads and the Achilles. The recommendation at this time was authorization for anterolateral fusion at L3-4 from the left flank, posterior fusion at L3-4 with instrumentation with removal of the instrumentation at L4-5. She will need Home Health nursing and physical therapy for wound care, monitoring of vital signs, gait training and safety. Also requested a front wheeled walker. Work status was modified duty of no prolonged sitting or standing greater than 30 minutes an hour, no prolonged walking, climbing, bending or stooping. Current requested treatments post op purchase of lumbar back brace; bone growth stimulator; HH RN x 8 visits and HH physical therapy x 8 visits. Utilization review 8-25-15 requested treatments are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post-op purchase of lumbar back brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment index 13th edition (web) 2015 Low back, Back Brace, post operative (fusion).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Activity.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed; however, the patient is scheduled for a segmental fusion at L3-4 and the lumbar support will be helpful immediately following the procedure. Post-op purchase of lumbar back brace is medically necessary.

#### **Post-op purchase of bone growth stimulator: 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) Treatment Index 13th edition (web) 2015 Low Back Bone growth stimulators (BGS).

**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 & Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

**Decision rationale:** According to the Official Disability Guidelines, there is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. There is no documentation in the record of the criteria for use of invasive or noninvasive electrical bone growth stimulators listed in the ODG. Post-op purchase of bone growth stimulator is not medically necessary.

**Post-op HH RN x 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 & Lumbar & Thoracic (Acute & Chronic), Home Health Services.

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Post-op HH RN x 8 visits are not medically necessary.

**Post-op HH Physical therapy x 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no indication for PT to be rendered at home as opposed to regular outpatient. Post-op HH Physical therapy x 8 visits is not medically necessary.