MAXIMUS Federal Services

Case Number:	CM15-0178869		
Date Assigned:	09/21/2015	Date of Injury:	10/20/2010
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 20, 2010. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for a dynamic support vest for the lumbar spine and also failed to approve a request for in-home supportive services to assist with performance of activities of daily living. The claims administrator referenced an August 18, 2015 RFA form and an associated July 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of low back pain radiating to the leg. The applicant was on Duragesic, Norco, Xanax, Zanaflex, Lyrica, Lunesta, and Lipitor, it was reported. The applicant reported derivative complaints of depression, anxiety, anger, irritability, and mood swings, it was reported. The applicant was deemed "medically disabled," while multiple medications were renewed. On July 17, 2015, the applicant reported 7-8/10 low back pain complaints. The applicant contended that her pain complaints were making it difficult for her to perform chores, housework, bathing, grooming, and dressing. In-home health care, seemingly to facilitate the performance of these activities, was sought. A lumbar vest or lumbar support was endorsed, while the applicant was placed off of work and deemed "medically disabled." The applicant was reportedly using a walker to move about, it was suggested on this date. Lyrica, Duragesic, Norco, and Xanax were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Dynamic support vest, for the lumbar spine (purchase): 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), Low Back, Lumbar Supports.

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

Decision rationale: No, the request for a spinal support vest, AKA a lumbar support, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, July 17, 2015, following an industrial injury of October 20, 2010. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.

In-home supportive services, four hours per day, to assist with activities of daily living: Upheld

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

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

Decision rationale: Similarly, the request for in-home supportive services to facilitate activities of daily living was likewise not medically necessary, medically appropriate, or indicated here. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that medical treatment does not include shopping, cleaning, laundry, and/or personal care when this is the only care needed. Here, the services being sought did in fact represent personal care services, i.e., assistance with bathing, grooming, dressing, performance of household chores, etc. Such services do not, however, constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.