

Case Number:	CM14-0008092		
Date Assigned:	02/12/2014	Date of Injury:	03/24/1999
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 56-year-old female who has submitted a claim for Neuropathic Burning Pain, COPD, and Anxiety Disorder associated with an industrial injury date of March 24, 1999. Medical records from 2006 through 2014 were reviewed and showed that the patient complained of severe back pain. On physical examination of the lower back, posture was forward-flexed. There was muscle rigidity in the lumbar trunk with loss of lordotic curvature. Straight leg raise test was positive bilaterally. There was sensory loss at the right lateral calf and bottom of the foot. She ambulated with a slight limp with the right lower extremity. There was noted weakness in right thigh flexion, knee extension, and great toe resistance of the right lower extremity. Treatment to date has included medications, lumbar surgeries, physical therapy, intrathecal morphine pump, and radiofrequency ablation. A utilization review from January 16, 2014 denied the request for 1 new lumbar corset or brace because the patient did not have any low back disorders and the patient's pain was chronic; and 1 home health care assessment to evaluate possible needs because it did not appear the patient was confined to the home.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NEW LUMBAR CORSET OR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

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

Decision rationale: According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient's low back pain is of chronic nature. There was also no clinical rationale provided for the use of a lumbar support. Therefore, the request for 1 NEW LUMBAR CORSET OR BRACE is not medically necessary.

1 HOME HEALTH CARE ASSESSMENT TO EVALUATE POSSIBLE NEEDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 - Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services, Page(s): 51.

Decision rationale: According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are 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 treatment does not include homemaker services like shopping, cleaning, and laundry. In this case, there was no evidence provided that the patient was homebound. Furthermore, the present request did not indicate the number of hours per week of the intended service. Moreover, a clinical rationale for home health service was not provided. Therefore, the request for 1 Home Health Care Assessment to Evaluate Possible Needs is not medically necessary.