

Case Number:	CM13-0017321		
Date Assigned:	10/11/2013	Date of Injury:	10/17/2012
Decision Date:	01/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical 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 physician 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 26-year-old male who reported an injury on 10/17/2012. The patient is diagnosed with lumbar stenosis and multilevel disc compression. The patient was recently evaluated by [REDACTED] on 08/02/2013. The patient complained of persistent lower back pain. Physical examination revealed relative instability, weakness with an inability to do anything in the core musculature. The patient is diagnosed with lumbar stenosis, multilevel with multiple level disc compression and thecal sac compression. The treatment recommendations included a referral to [REDACTED] for an opinion to seek other possibilities, a support belt, and an NCV study.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral to UCSF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Chronic Pain Chapter, Office Visits.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Official Disability Guidelines state determination of necessity for an office visit with a health care provider requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. As per the clinical notes submitted, the patient has undergone previous consultations with providers who have discussed multiple options with the patient. Exhaustion of nonoperative and operative treatment has not been documented. The medical necessity for the requested referral has not been established. Based on the clinical information received, the request is non-certified.

support belt: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition(web), 2013, Low Back Chapter, Lumbar Supports. .

Decision rationale: Official Disability Guidelines state lumbar supports are not recommended for prevention, and are recommended as an option for treatment of compression fractures, spondylolisthesis, documented instability, and for treatment of nonspecific low back pain with very low quality evidence. As per the clinical notes submitted, the latest physical examination was documented on 07/02/2013. The patient was noted to have relatively good range of motion, except for long periods of standing and any type of repetitive bending or stooping. There is no objective evidence of significant instability that would warrant the need for a lumbar support belt. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

NCV study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Nerve Conduction Studies..

Decision rationale: Official Disability Guidelines state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As per the clinical notes submitted, there is no evidence of a significant neurological deficit with regard to the lower

extremities that would require the need for electrodiagnostic testing. The patient has global complaints of numbness, tingling, and shooting pain. This subjective reporting is not indicative of radiculopathy or peripheral nerve entrapment such that the requested confirmatory testing would be indicated. Based on the clinical information received, the request is non-certified.