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| Case Number: | CM13-0031669 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 11/06/2012 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 Rehabilitation, and is licensed to practice in New York and Texas. 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 35-year-old male who reported an injury on 11/06/2012. The patient was reportedly injured when he was rear ended while driving a pickup truck, whereupon the impact jerked and moved his neck and back forcefully causing him immediate pain in his neck, low back, and left knee. The patient did not know if his left knee struck anything or if the force of the impact forced into the floor of the truck. The patient was recommended for physical therapy for his neck which he received 2 times per week for 4 weeks, which the patient stated did not help as the pain did persist. The patient also underwent massage therapy out of his own pocket, which helped more than the physical therapy. In 01/2013, due to persistent pain in the patient's neck, back, and left knee, he was referred to a [REDACTED] who is an orthopedist. The doctor reexamined the patient's spine and left knee and advised him to continue taking anti-inflammatories and released him to work with restrictions of no lifting, pushing and pulling greater than 30 pounds and no repetitive bending or stooping. However, the patient continued to have pain in his neck, left knee, and low back with left sciatic pain. MRI of the low back revealed positive findings at the L5 level. The physician then recommended chiropractic treatments whereupon the patient did receive 6 sessions at 2 times per week. He was also given additional pain medication and received 3 sessions of acupuncture which were discontinued after it aggravated the left sciatic nerve. The patient had additional physical therapy for 12 sessions at 3 times a week directed to his low back. In 06/2013, the patient was reexamined and then a month later was referred for a pain management consultation and treatment recommendation. The pain management specialist recommended facet joint injections, which the patient went with a pre-injection trial and actual injections were subsequently cancelled when he learned that the QME declared him permanent and stationary. ❄️

IMR ISSUES, DECISIONS AND RATIONALES

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

Elastic lumbar support: 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): 300.

Decision rationale: Under California MTUS/ACOEM Guidelines, it states that lumbar support (corset) is not recommended for the treatment of low back disorders. It further states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In the case of this patient, although the patient has ongoing complaints of low back pain, the requested elastic lumbar support is not supported by CA MTUS/ACOEM. As such, the requested service is non-certified.

Follow up visit with pain management: 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 Chronic Pain Treatment Guidelines introduction Page(s): 1.

Decision rationale: According to California MTUS Guidelines, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". In the case of this patient, he has had ongoing chronic low back pain as a result of his injuries sustained on 11/06/2012. The patient was documented to have already consulted with a pain management specialist regarding his chronic pain in June of 2013 and treatment recommendations were made. However, there are no documentations stating whether or not the treatment was carried out. Without having evidence that the patient has followed through with the previous recommendations, there is no rationale for a follow-up visit with pain management.