

Case Number:	CM13-0042432		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2011
Decision Date:	04/22/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 37 year-old male with a date of injury of 11/19/2011. The listed diagnoses per [REDACTED] are: 1) Cervical spine sprain/strain with negative CT scan dated 11/20/2011 2) Thoracic spine strain/sprain 3) Lumbar spine strain/strain with bilateral radiculitis According to report dated 09/12/2013 by [REDACTED], the patient presents with continued low back pain. Examination of the lumbar spine released tenderness to palpation with muscle guarding and spasm over the Lumbosacral junction, paravertebral musculature and sciatic notches, bilaterally. Minor's sign and Straight Leg Raise tests are positive, bilaterally eliciting bilateral lower extremity radicular pain. Range of motion is decreased on all planes. Patient is taking Tylenol #3 for pain, Anaprox and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULTATION WITH A SPINE SURGEON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) , 2ND EDITION, (2004), PAGE 127

Decision rationale: This patient presents with continued low back pain. Treater is requesting a spine surgeon consultation to consider surgical options given the continued pain including radicular symptoms. This patient has a date of injury of 11/19/2011. The patient has persistent low back pain that radiates down to the lower extremity. Conservative measures have failed. Although the MRI does not show an obvious surgical issue, a consultation with a spine surgeon may prove educational. ACOEM does support specialty involvement for complex cases. Recommendation is for approval.

1 QUICK BRACE FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), PAGE 301 OFFICIAL DISABILITY GUIDELINES, LUMBAR SUPPORTS

Decision rationale: This patient presents with continued low back pain. The treater is requesting a lumbar back brace. In this case, the patient does not present with fracture, instability or spondyloisthesis to warrant lumbar bracing. The patient does have non-specific low back pain but this has very low-quality evidence. Given the lack of support from the guidelines, recommendation is for denial.