MAXIMUS Federal Services

| Case Number: | CM13-0044055 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 08/28/2009 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

## 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, 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 underlying date of injury in this case is 08/28/2009. Treating diagnoses for this injury have included lumbar sprain/strain, medial epicondylitis, shoulder disorder, olecrenon bursitis, and a shoulder bursa disorder. On 09/13/2013, the treating orthopedic surgeon submitted a follow-up report noting the patient complained of chronic pain in his lumbar spine with radiation to the lower extremities. On exam, the patient had spasm and tenderness in the lumbar paravertebral muscles with decreased range of motion on flexion and extension. The treating physician refilled the patient's medications and also requested a lumbar support to increase range of motion and function. An initial physician review concluded that the medical records did not contain sufficient detail regarding what medications were requested. That review also noted that the guidelines did not provide a basis for benefit from a lumbar support. A prior treating physician note of 07/19/2013 indicates an intent to refill the patient's medications without discussion of specific medications renewed at that time. Previously on 01/28/2013, the treating physician indicated a plan to refill the patient's medication using Norflex instead of Zanaflex and including a therapeutic cream. Additional details were not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A LUMBAR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298 AND 301.

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

**Decision rationale:** ACOEM Guidelines Chapter 12 Low Back, page 301, states that lumbar supports have not been shown to have any lasting clinical benefit beyond the acute phase of symptom relief. The guidelines do not support the conclusion that a lumbar support would likely provide the benefit intended by the treating physician, and there is no alternate rationale to support the stated goals. This is not supported by the guidelines. This request is not medically necessary.

**MEDS (UNSPECIFIED):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** Recent medical records are unclear in terms of what medication has been requested, and therefore it is not possibly to fully apply a guideline. The medical records do indicate that as of January 2013 the patient was treated with the muscle relaxant Norflex. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Muscle relaxants recommends non-sedating muscle relaxants for short-term treatment but not for chronic treatment. Thus, the sedating muscle relaxant Norflex would not be recommended by the guidelines. It is unknown what other medications may be requested at this time. Thus, overall this request is not medically necessary.