

Case Number:	CM13-0063910		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2010
Decision Date:	09/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old female who reported an injury on 06/22/2010. The mechanism of injury was a fall. Her diagnoses included displacement interbody disc, lumbar, degeneration of lumbar disc, and low back pain. Past treatments included medication. The diagnostic studies included an MRI of the lumbar spine on 06/02/2011. She completed 6 sessions of chiropractic therapy with good relief. She reported better range of motion of the lumbar spine, resolution of migraine headaches, she was able to increase her activities of daily living, she was able to walk up the stairs with better ease, she was able to sleep better, and her mood had improved after the sessions. She was evaluated by a psychologist in 06/2012 and was found to be at high risk of abuse to factors such as family history of depression and substance abuse, high personal stress, current level of depression, and extensive personal history of amphetamine abuse. The injured worker stated that she was getting weak to the point that she was falling down and was requesting chiropractic sessions. She stated she was having shooting pains in the arms and now wants this addressed. She took Trazodone from a friend which helped her sleep. She was not taking Gabapentin and used the Lidoderm for her localized low back pain, which helped. She was taking Vicodin from a friend sometimes. She was seeing a psychologist and a psychiatrist and was put on Ritalin 20 mg. Medications included Fosisopril 20 mg once a day, Amlodipine 10 mg once a day, Trazodone 50 mg at bed time, Ketoprofen 75 mg every day/twice a day as needed with food, Omeprazole 20 mg delayed release twice a day as needed, Lidocaine topical 5% film 1 patch once a day 12 hours on 12 off, Cyclobenzaprine 10 mg at bed time. Upon examination of the lumbar spine, range of motion of the lumbar was limited in flexion, extension, lateral rotation and lateral bending with increase in pain in all planes. Straight leg raise was positive bilaterally with radicular signs and symptoms until 60 degrees. Electromyography (EMG)/ nerve conduction study (NCS) done 06/19/2013 revealed

lumbosacral radiculopathy at bilateral L4, L5, root levels with mild evidence of active denervation activities in the lumbar paraspinals. The treatment plan was to refill medications, stop Ketoprofen capsule. Request is for a back brace. The rationale was not provided. The request for authorization was dated 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE: Upheld

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

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

Decision rationale: The request for back brace is not medically necessary. The injured worker has a history of back pain. The California MTUS ACOEM Guidelines state that lumbar supports have not shown to have lasting benefits beyond the acute phase of symptom relief. There is lack of rationale for the medical necessity for the back brace at this time. As such, the request is not medically necessary.