

Case Number:	CM13-0067464		
Date Assigned:	03/21/2014	Date of Injury:	01/03/2012
Decision Date:	09/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Illinois. 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 53 year old female who reported an injury on 01/03/2012 from a fall. The injured worker was diagnosed with multi level herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and L3-4 spinal stenosis noted on progress report dated 06/10/2014. The injured worker was treated with medications and bracing. An unofficial MRI of the lumbar spine was performed on 07/09/2013 which revealed spinal stenosis at L3-4 with disc bulge and L4 nerve root impingement bilaterally, degenerative disc disease at L5-S1, and disc bulge at L4-5 and L5-S1. The clinical note dated 06/06/2014 noted the injured worker complained of ongoing low back pain rated 8/10 with radiating pain and numbness down the left lower extremity to the foot. The injured worker's range of motion in the lumbar spine was 17 degrees of flexion and 8 degrees extension. The physician indicated the injured worker was using a lumbar corset for 4 hours every day. The injured worker was prescribed Norco 7.5/325mg, Pamelor 25mg, Prilosec 20mg, and Terocin patches. The treatment plan included recommendations for a mesh support xxl for the lumbar spine, and an internal medicine referral for GI complaints. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESH BACK SUPPORT XXL FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298 & 300.

Decision rationale: ACOEM Guidelines state there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry, proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort. The guidelines note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The physician indicated the injured worker was using a lumbar corset for 4 hours every day. The injured worker's medical records lack documentation of the effectiveness of the injured worker's current back support device to include the rating of pain reduction, the improvement in range of motion, and improvement of functional deficits with the brace. Additionally, the injured worker is past the acute phase of her injury, and the guidelines note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

INTERNAL MEDICINE REFERRAL FOR GI COMPLAINTS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary when the need for a clinical office visit with a health care provider is based upon a review of the injured worker's concerns and signs and symptoms. The injured worker's medical records lack documentation of signs and symptoms of gastrointestinal events or medication side effects to indicate the need for a referral to internal medicine for gastrointestinal complaints. There is a lack of documentation in the medical records indicating the injured worker is prescribed NSAIDs or is at risk for gastrointestinal bleeds, perforation or ulcers. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.