

Case Number:	CM14-0107887		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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:

This 42 year-old patient sustained an injury on 10/28/13 while employed by the [REDACTED]. Request under consideration include a lumbosacral (LS) brace support, neurology consultation, and psych consultation. The diagnoses include lumbosacral sprain/strain/right lower extremity (LE) radiculopathy; right sacroiliac (SI) joint sprain; cervical spine strain/sprain; thoracic sprain/strain; s/p right hip internal fixation with history of right ischium fracture (non-industrial). The report of 6/6/14 from the chiropractic provider noted the patient with complaints of low back pain rated at 5/10, increasing to 7-8/10 upon doing activities of daily living (ADLs), remains moderate to severe and constant headaches, daily at least 4-5x/weeks; and stress/anxiety/depression; Symptoms remain unchanged from last visit. The exam showed pain and limited range in flex/ext/left bending and right bending of 40/10/16/6 degrees respectively; positive SLR on right; positive Kemp; tenderness to palpation with muscle guarding; tender SI joint. Treatment included dispense and request for L/S brace support, consultation of psyche and neurology for constant headaches. The request for lumbosacral brace support, neurology consultation, and psych consultation were non-certified on 6/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral Brace Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM guidelines Lumbar Brace/Support (text pages 301 tables 12-5 &12-8)Official Disability Guidelines Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back Brace.

Decision rationale: The submitted reports do not indicate diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. According to the California MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of October 2013. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for the Lumbosacral Brace Support is not medically necessary and appropriate.

Neurology Consultation: 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) Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a neurology consultation for uncomplicated complaints of headaches. There are no identifying diagnoses or special clinical findings to support for specialty care beyond the primary provider's treatment for unchanged symptoms and clinical findings nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Neurology Consultation is not medically necessary and appropriate.

Psych Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The reports that have been submitted have no clearly defined psychological issues documented on clinical examination or specific diagnosis to support for a psychiatric consultation for this strain/sprain injury. Guidelines state that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The Psych Consultation is not medically necessary and appropriate.