

Case Number:	CM14-0109977		
Date Assigned:	09/19/2014	Date of Injury:	02/15/2012
Decision Date:	10/21/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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 Emergency Medicine and is licensed to practice in New York. 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 58-year-old female who was injured on February 15, 2012. The patient continued to experience pain in her right shoulder, neck, lumbar spine and bilateral knees. Physical examination was notable for tenderness to palpation of the cervical and lumbar paraspinal muscles, tenderness to the posterior right shoulder with painful range of motions, and tenderness both knees. Diagnoses included cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, right shoulder rotator cuff tear, and internal derangement right knee. Treatment included medications, joint injections, and aqua therapy. Requests for authorization for CTLSO brace, serial computer range of motions testing, and follow up visit in 4 weeks were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CTLSSO (Cervical-Thoracic-Lumbar-Sacral-Orthosis) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back(acute &chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic, Lumbar supports,

Decision rationale: Lumbar supports are not recommended for prevention. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, and documented instability. There is very low-quality evidence for treatment of nonspecific LBP, but it may be a conservative option. In this case the patient is experiencing pain in her neck and back. There is no indication for CTLSO brace. The request is not medically necessary.

1 Serial Computer Based Testing Of ROM (range of motion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Lumbar & Thoracic, Flexibility

Decision rationale: Flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain. There is no medical necessity for range of motion testing.

1 Follow Up Visit In 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (chronic)

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

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. ODG codes for automated approval sets a maximum of 6 visits for established patients. In this case the patient had 6 office visits between June 8, 2014

and August 7, 2014. By that time the patient's injury was no longer acute and there was no significant change that would required frequent visits. The request is not medically necessary.