

Case Number:	CM14-0120601		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2012
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 28 year old patient had a date of injury on 10/1/2012. The mechanism of injury was not noted. In a progress noted dated 7/10/2014, subjective findings included chronic pain in lumbar spine, which radiates to left lower extremity. Pain is 6/10, and he is on Tramadol 150mg and status post lumbar epidural steroid injection on 6/18//2014. On a physical exam dated 7/10/2014, objective findings included spasm and tenderness observed in paravertebral muscles of lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noted in L4, L5, S1 dermatomal distributions mainly on left side. Diagnostic impression shows lumbosacral radiculopathy. Treatment to date: medication therapy, behavioral modificationA UR decision dated 7/16/2014 denied the request for orthopedic consult stating no duration frequency and intensity of subjective complaints noted as well as no objective findings documented to establish the medical necessity for referral to an orthopedist. Lumbar brace was denied, stating that guidelines do not support this request for treatment or prevention of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. (text, page 127)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain chapter

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In a progress note dated 7/10/2014, the pain was noted to be 6/10, and there were no substantial subjective complaints that would warrant a referral to an orthopedist. Furthermore, the pain seems to be well controlled by medications, as he is on Norco and Gabapentin, and has just received a lumbar epidural steroid injection on 6/18/2014. Therefore, the request for orthopedic consult is not medically necessary.

Lumbar Brace: 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 Official Disability Guidelines (ODG) low back Chapter Lumbar support

Decision rationale: CA MTUS does not address this issue. Per ODG Lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In a progress report dated 7/10/2014, there was no discussion regarding the functional objective goals with the lumbar back brace. Furthermore, guidelines do not support use for back pain, and the patient is noted to be on Norco as well as Gabapentin to mitigate the pain. Therefore, the request for lumbar back brace is not medically necessary.