

Case Number:	CM14-0133167		
Date Assigned:	09/18/2014	Date of Injury:	05/09/2000
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine 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:

The claimant was injured on 05/09/00 while trying to push a 60 pound box of fruit. A mesh back support and pain psychiatry consultation and treatment are under review. She complains of chronic neck, right shoulder, low back, and right hip pain. She has seen a number of providers and has been diagnosed with shoulder bursitis with impingement, status post two remote shoulder surgeries, the natures of which are unknown, chronic low back pain status postop L5-S1 fusion with retained hardware and chronic right hip pain/greater trochanteric bursitis. She had transforaminal epidural steroid injections at L5 and S1 on 07/29/14 that did not help. She also had a corticosteroid injection to the right hip and right shoulder on 06/19/14 that did not help. She feels the shoulder is inflamed. The pain radiates to her back and the front of her shoulder and was rated 6-8/10 on different dates. Resting and pain medication helped. Most movements and various activities make it worse. She has aching and burning pain in her low back and wears a lumbar corset for support. She had burning mostly when she sits down. Bending causes the most pain. She reported swollen ankles and frequent constipation. She has tried many medications and has stated that she cannot use NSAIDs due to GI complaints. She has tried chiropractic with no significant or sustained benefit. She has used Elavil and LidoPro topical. She has decreased range of motion of the low back and tenderness of the right SI joint. She also had decreased sensation throughout the right lower extremity at L5, S1 and a positive straight leg raise test. There was weakness of the right hip and leg/foot. On 07/24/14, she reported becoming increasingly depressed and anxious due to her chronic conditions. She denied suicidal ideations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mesh Back Support: 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): Low Back, lumbar supports

Decision rationale: The history and documentation do not objectively support the request for a mesh back support. The MTUS do not address lumbar braces for chronic pain. The ODG state lumbar supports are not recommended for prevention. Recommended as an option for treatment, [including 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).] There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. There is no evidence of any condition that requires the use of a lumbar support for treatment. There is no evidence on multiple examinations of instability. Also, the claimant is already using a lumbar corset and it is not clear why this mesh support was recommended. No specific indication was given for this request and none can be ascertained from the records. The medical necessity of a mesh lumbar support has not been clearly demonstrated.

Consultation and treatment for pain Psychiatry: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS; PSYCHOLOGICAL TREATMENT Page(s): 132; 133.

Decision rationale: The history and documentation do not objectively support the request for a pain psychiatry evaluation or treatment at this time. The MTUS state "psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.... Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain." In this case, the indication for this type of referral is unclear. There is no evidence of anxiety or depression in the records and no psychiatric disturbances appear to be present. There is no indication that psychiatric treatment is needed and this cannot be determined prior to an evaluation. The specific goals of this type of treatment, number of visits, etc. are not stated. No additional information was provided to support this type of consultation, other than that she denied suicidal ideation. There is evidence that she reported depression and anxiety but little

documentation that a basic mental health screening was done and was documented. She has already received antidepressants (Elavil) but it is not clear whether this was for depression or pain. The medical necessity of this request for a psychiatric pain evaluation and treatment has not been clearly demonstrated.