

Case Number:	CM14-0136239		
Date Assigned:	09/05/2014	Date of Injury:	07/19/2007
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/25/2014

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 & 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:

The injured worker is a 57-year-old female who reported an injury on 07/19/2007, due to unspecified mechanism of injury. The injured worker had a history of neck pain and lower back pain. Diagnoses included facet arthropathy to the lumbar, postlaminectomy syndrome of the cervical region, lumbar postlaminectomy syndrome, cervicgia, arthralgia of the thoracic spine, cervical spondylosis with myelopathy, lumbar spondylosis with myelopathy, lumbar discogenic pain, lumbar degenerative disc disease, cervical stenosis, cervicocranial syndrome, cervicobrachial syndrome, cervical syndrome unspecified with discogenic pain, lumbago, radiculopathy of the lumbar spine and disorders of the sacrum. The medication included MS Contin, gabapentin, nortriptyline, Norco, Excedrin, fluoxetine. The injured worker reported her pain a 2/10, and her lower back a 6/10, with 10/10 being the worse pain using the VAS. The objective findings dated 07/04/2014 to the cervical region or the cervical spine revealed limited range of motion with flexion at 60 degrees and extension limited at 20 degrees, moderate tight band, mild spasms, moderate tight band and mild tenderness along the bilateral cervical paraspinal muscles. Spurling's maneuver was mildly positive at the bilateral C5 with radicular symptomatology. Valsalva maneuver was positive with exacerbation of the cervical symptomatology. The lumbar spine revealed limited range of motion with 60 degrees flexion and extension 70 degrees. No pain on active or passive ranging. The straight leg maneuver revealed no radicular symptomatology to either lower extremity at the L4 through the S2 nerve root. Facet loading maneuvers were negative for facetogenetic pain bilaterally. On sensory examination, sensation to light touch revealed diminished sensation with dysesthesias, hyperpathia, and paresthesias along the bilateral S1 root distribution. The motor examination revealed trace weakness on shoulder external rotation, shoulder internal rotation, elbow flexion on the right, elbow flexion and elbow extension to the left. Muscle stretch reflexes were trace diminished

reflex 2-/4 at the bilateral biceps. The treatment plan included home exercises, muscle strengthening, and a box of [REDACTED] Bandages, lumbar brace, and rental of external bone growth stimulator. The Request for Authorization dated 09/05/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of Box [REDACTED] Bandage: 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 Other Medical Treatment Guideline or Medical Evidence: www.metromedicalonline.com

Decision rationale: The request for 1 box of [REDACTED] bandages is not medically necessary. The California MTUS /ACOEM or the Official Disability Guidelines do not address; therefore, please refer to the MetroMedicalonline.com, that indicate [REDACTED] Dressings are ideal as a primary dressing for lightly draining wounds. [REDACTED] are [REDACTED] dressings with an adhesive border minimizing the need to add tape or securement. The absorbent cotton pads won't disrupt healing tissue by sticking to the wound. [REDACTED] wound dressings are bonded on both sides with a perforated non-adherent film and can be cut to fit any shape without separating. [REDACTED] dressings are available in a variety of sizes. The clinical notes do not indicate that the injured worker had had any wounds that required bandage changing. As such, the request is not medically necessary.

1 Rental of Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Low Back Chapter, Back Brace, post operative (fusion)

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

Decision rationale: The request for 1 rental of lumbar brace is not medically necessary. The California MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The objective findings were vague and did not address the lumbar region. The guidelines indicate that lumbar supports do not have any lasting benefit beyond the acute phase of symptom relief. As such, the request is not medically necessary

1 Purchase or rental of External Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Low Back Chapter, Bone Growth Stimulators (BGS)

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, Bone growth stimulators (BGS)

Decision rationale: The request for 1 purchase or rental of external bone growth stimulator is not medically necessary. The California MTUS/ACOEM did not address. The Official Disability Guidelines indicates that the bone growth stimulator is under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases. The guidelines indicate that there is conflicting evidence that is under study, therefore, is not recommended. As such, the request is not medically necessary.