

Case Number:	CM14-0153710		
Date Assigned:	09/23/2014	Date of Injury:	11/13/2013
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The patient is a 64-year-old male who has submitted a claim for cervical spine sprain/strain; lumbar spine sprain/strain; and bilateral wrist sprain/strain, associated with an industrial injury date of 11/13/13. Medical records from February to July 2014 were reviewed. Patient apparently sustained a cumulative injury while working in his capacity as a cook, when he noted neck, back and wrist pain. Patient reports persistence of this complaint. 07/21/14 progress report notes that patient had persistent low back pain, graded 8/10 in severity that was exacerbated by bending, twisting, walking and standing. He also had wrist pain graded 7/10 in severity exacerbated by lifting and gripping. Pain was relieved by rest and medications. On physical examination, patient had limited ROM of the lumbar area. Other ROM assessments were illegible. Straight leg raising is positive bilaterally in both sitting and supine position. There was noted pain at terminal motion with tenderness in the cervical spine. There was likewise bilateral wrist tenderness with note of a ganglion cyst on both wrists dorsally. There were no documented imaging studies done. Plan was to continue physical therapy, bilateral wrist and back brace, and medications. Most of the documents submitted contained pages with handwritten and illegible notes that were difficult to decipher. Treatment to date has included physical therapy, chiropractic therapy, shockwave therapy, work restrictions and medications (Anaprox, Prilosec and Tramadol). Utilization review date of 08/25/14 denied the requests for back brace for purchase because patient's status was beyond the acute stage of injury and there is no documentation of spinal instability, recent/pending spinal fusion surgery or other clear rationales to support the use of a back brace; and, bilateral wrist braces for purchase because the medical records provided did not document the condition for which guidelines would recommend wrist bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Lumbar Supports

Decision rationale: As stated in page 301 of the CA MTUS ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of chronic low back pain that prompted request for back brace. However, the guidelines do not support back brace as it is no better than placebo in preventing back pain. Patient sustained his injury 11 months prior to this review, hence is beyond the acute stage of his injury. There is no evidence to show that use of the brace will improve patient's back symptoms. There was no objective imaging studies to note that patient had any form of spondylolisthesis or instability. Most of the documents submitted contained pages with handwritten and illegible notes that were difficult to decipher. Patient information may have been overlooked due to its incomprehensibility. There is no documentation as to why variance from the guidelines is needed. Therefore, the request for Back brace for purchase is not medically necessary.

BILATERAL WRIST BRACES FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary Table 2.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, wrist splinting is recommended for moderate or severe acute or subacute wrist sprains; neutral wrist splinting as a first-line treatment for acute, subacute, or chronic ulnar nerve compression at the wrist; and splinting for acute flares or chronic hand osteoarthritis. There is no recommendation on splinting for acute or subacute non-specific hand, wrist, or forearm. Wrist splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, there was no rationale given for the need to use wrist braces. There were no imaging studies done that may indicate the presence of osteoarthritis or nerve compressions. Physical examination merely notes tenderness on both wrists, without note of signs of nerve compression.

There is limited evidence to support the use of wrist brace to prevent wrist pain. Most of the documents submitted contained pages with handwritten and illegible notes that were difficult to decipher. Patient information may have been overlooked due to its incomprehensibility. Therefore, the request for bilateral wrist brace for purchase is not medically necessary.