

Case Number:	CM14-0035069		
Date Assigned:	06/23/2014	Date of Injury:	02/12/2011
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 45-year-old female who reportedly sustained a work-related injury on February 12, 2011. The stated mechanism of injury is not included in the medical records reviewed. The most recent progress note is dated January 13, 2014 and there was complaints of back pain with left lower extremity radicular symptoms as well as neck and shoulder pain. The physical examination noted moderate to severe spasms of the left-sided lumbar spine from L3 to the sacral level and there wasn't L5 radiculopathy. The treatment plan consisted of a discogram of the lumbar spine, epidural or foraminal steroid injections at the left L5 region, and a referral to pain management. Medications prescribed include Pristiq, Norco, Tizanidine, and Septra. A utilization management review dated March 5, 2014, did not certified use of a lumbar back brace or a neurosurgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back 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(http://www.odg-twc.com/odgtwc/low_back.htm).

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 (Acute & Chronic), lumbar supports, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a lumbar support is not recommended for prevention of low back pain. It is considered for treatment for compression fractures, spondylolisthesis, and documented instability. There is no evidence in the medical record that the injured employee has any of these conditions. This request for a lumbar back brace is not medically necessary.

Neurosurgical consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 1 of 127.

Decision rationale: According to the medical record the injured employee has been diagnosed with and L5 radiculopathy. However there is no documentation of objective findings supporting this diagnosis. There are also electromyogram a magnetic resonance imaging studies which do not support the diagnosis of a radiculopathy. It is unclear why there is request for a neurosurgical consultation in a specific reason has not been supplied. Therefore this request for neurosurgical consultation is not medically necessary.