

Case Number:	CM14-0035597		
Date Assigned:	06/23/2014	Date of Injury:	04/24/2012
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological Surgery 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 was reportedly injured on April 24, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 22, 2014, indicated that there were ongoing complaints of neck and low back pain with numbness in the right arm and the right leg. There were also complaints of right shoulder, right elbow, and right hand pains. The physical examination demonstrated tenderness of the cervical, thoracic and lumbar spine. There was decreased cervical spine range of motion and decreased sensation in the right upper extremity. There was also decreased sensation throughout the right lower extremity. Examination of the right shoulder noted tenderness at the trapezius, acromioclavicular joint and coracoid process. There was a positive Hawkins test and a cross arm test. Examination of the right elbow noted a positive Cozin's test and cubital tunnel test. There was a positive Tinel's test at the right wrist. Diagnostic imaging studies objectified disk desiccation and diffuse disc protrusions at L2-L3 and L4-L5. A request was made for a lumbar spine brace and a functional capacity evaluation and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar spine and 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 - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a lumbar support is not recommended for prevention but as an option for treatment for those with spondylolisthesis and documented instability. The injured employee was not shown to have spondylolisthesis or instability. As there was no indication for lumbar support brace for the injured employee, this request for the purchase of a lumbar spine brace is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation, updated March 26, 2014.

Decision rationale: The indication for a functional capacity evaluation is for those who have had unsuccessful return to work attempts conflicting medical reporting or injuries that require detailed exploration of the worker's abilities. It may also be used for an injured employee's close to maximum medical improvement. The attached medical record does not state the true intention for this request for a functional capacity evaluation. Without this information, this request for a functional capacity evaluation is not medically necessary.