

Case Number:	CM14-0128347		
Date Assigned:	09/23/2014	Date of Injury:	03/11/1992
Decision Date:	04/08/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 67 year old male who sustained an industrial injury on 03/11/1992. He has reported constant pain bilateral left greater than right lower back with numbness and tingling in the thighs and buttocks and constant pain in the left thigh with associated numbness. He complains of constant pain in the right ankle, insomnia, and sexual dysfunction. Phantom limb pain was described from the above knee amputation. Diagnoses include traumatic amputation, post -traumatic stress, severe depression, erectile dysfunction, and multi-level disc bulges. Treatments to date include oral and topical pain medications, a lumbar support, and transcutaneous electrical muscle stimulations with limited improvement. The Injured Worker walks with assistance of a cane. A progress note from the treating provider dated 07/03/2014 indicates the Injured Worker is having difficulties with his left leg prosthesis and he ambulates with an antalgic gait, favoring the left with use of cane and left leg prosthesis. Heel walk (L5) reveals pain on both sides. Straight leg raise (SLR) seated test is positive on the right, and SLR supine test is also positive on the right. At levels L3-4, L4-5< L5-S1, and S1 have moderate paraspinal tenderness, muscle spasms and guarding bilaterally, right greater than left. At levels L2-3, L3-4, L4-5, and L5-S1, palpation reveals moderate spinal tenderness radiating to the right lower extremity on the right. Palpation reveals moderate tenderness at the facet joints bilaterally referring to the buttock. Range of motion is painful in all aspects of the lumbar spine. Palpation of the left thigh and hip elicits tenderness, and palpation indicates tenderness at the area over stump on the left thigh and hip. The treatment plan includes custom liners for the Injured Worker's prosthesis, a lumbar spine support/brace, and prescriptions of Percocet for pain,

Voltaren gel for inflammation, Flector for pain, and Flurbiprofen 20% for inflammation. On 08/05/2014 Utilization Review modified a request for 1 Follow -up with a Prosthetic Facility for one pair of liners for prosthesis, to a certification of 1 pair of liners for his prosthesis between 07/03/2014 and 09/29/2014.and also non-certified a Lumbar spine support/brace. The ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with Prosthetic Facility for One Pair of Liners for Prosthesis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: A referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the patient has an above knee prosthesis with continued chronic pain. The office visit on 7/31/14 indicates the patient requires new liners due to continued pain. Referral to a provider who is specialized in orthosis and appropriate accessories is required.

Lumbar Spine Support/Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to ACOEM, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case the patient is being treated for chronic low back pain. The documentation includes office visits dated 1/30/14, 3/27/14 and 7/31/14. The patient has stated the current low back brace gives minimal relief of pain. In this case the patient receives limited relief from back brace and per the ACOEM lumbar supports are not recommended.

