

Case Number:	CM14-0163288		
Date Assigned:	10/08/2014	Date of Injury:	02/02/2013
Decision Date:	01/02/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedic 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:

This is a 23 year old female who suffered work related injuries on 02/02/2013. She was reaching overhead when an item slipped from the shelf and she turned to her left to catch it and felt a popping and ripping sensation in her lumbar spine followed by immediate and sharp pain. Diagnoses as of 8/4/2014 include Lumbar disc displacement with myelopathy, sciatica, cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, and depression. Treatments have included medications, chiropractic and physical therapy sessions, and home exercise program. The injured worker has declined injections and surgery. Magnetic Resonance Imaging dated 08/23/2013 notes Lumbar 4-Lumbar-5 with diffuse disc bulge. A primary physician note dated 08/04/2014 documents the injured worker continues to complain of cervical spine pain which is intermittent, moderate to severe and is throbbing and sharp, and has caused severe headaches. Her thoracic spine pain is frequent and severe and described as burning, stabbing, aching and throbbing. The lumbar pain is frequently severe and described as burning and throbbing and radiates down her legs, the left more than the right. Activities of daily living cause pain. The injured worker has decreased bilateral Sacral-1 deep tendon reflexes and right Sacral-1 dermatome, positive orthopedic finding for the cervical and lumbar spine, painful and restricted ranges of motion of the cervical spine, thoracic, and lumbar spine, and muscle spasms of the musculature surrounding the cervical, thoracic and lumbar spine. The injured worker is temporarily totally disabled. The request for authorization on 08/20/2014 was for an evaluation with pain management and for a lumbosacral orthosis. Utilization Review, on 09/05/2014 non-certified evaluation with a pain management specialist citing California ACOEM Guidelines. The injured worker is taking multiple medications and continues to complain of cervical, thoracic and lumbar spine pain, and she already has seen a pain specialist. A lumbosacral orthosis was requested and denied citing ACOEM that there is no evidence for

the effectiveness of lumbar supports in preventing back pain in industry. In addition, the injury is over 12 year old and not in the acute phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with Pain Management Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examination and Consultations, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited does not demonstrate any objective evidence or failure of conservative care to warrant a pain specialist referral. Therefore, the request for Evaluation with Pain Management Specialist is not medically necessary.

Lumbosacral Orthosis (Appollo LSO or Equivalent): 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 rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In this case the claimant has chronic low back pain from the exam note of 8/4/14. Therefore the request does not meet recommended guidelines. Therefore, the request for Lumbosacral Orthosis (Appollo LSO or Equivalent) is not medically necessary or appropriate.