

Case Number:	CM14-0194013		
Date Assigned:	12/01/2014	Date of Injury:	11/29/2005
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 11/29/2005. The mechanism of injury was not provided. Her diagnosis was listed as post laminectomy syndrome. Past treatments included medications and surgery. Diagnostic studies included an official x-ray of the lumbar spine, performed on 11/14/2014, which was noted to reveal interval fusion from L5-S1 and grade 1 anterolisthesis of L5. On 11/04/2014, the injured worker complained of low back pain flare ups. Physical examination of the lumbar spine revealed restricted range of motion, tenderness to palpation; multiple myofascial trigger points were noted. Gaenslen's test was positive, straight leg raise test was positive on the right side, and faber test was positive on the right. Lower extremity reflexes were equal and symmetric. Muscle strength was 5/5 with decreased sensation over S1 dermatome. Current medications were listed as Lidoderm, Motrin 600 mg, baclofen 10 mg, and Tylenol 325 mg. The treatment plan included a request for lumbar support brace, Request for Authorization of x-ray, medication refill, continuation of current medications, and TENS unit. A request was received for 1 lumbar support brace, 2 sacroiliac joint belt, and 1 prescription of Motrin 600 MG. The rationale for the request was not provided. The Request for Authorization form was dated 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar support brace: Upheld

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

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

Decision rationale: California MTUS/ACOEM guidelines do not recommend lumbar supports as they have not been shown to have a lasting benefit beyond the acute phase of symptom relief. An x-ray report of the lumbar spine was noted to reveal interval fusion of L5-S1 and grade 1 anterolisthesis of L5. However, as the guidelines do not recommend the use of lumbar supports, the request is not supported. Therefore, the request is not medically necessary.

2 Sacroiliac joint belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac support belt

Decision rationale: Official Disability Guidelines recommend sacroiliac support belt as an option in conservative treatment of sacroiliac joint dysfunction. Clinical notes indicate the injured worker's diagnoses included lumbar radiculopathy, post lumbar laminectomy syndrome, chronic pain syndrome, and low back pain. However, there is no documentation to indicate sacroiliac joint dysfunction. In the absence of documentation with evidence of sacroiliac joint dysfunction, the request is not supported. Therefore, the request is not medically necessary.

1 prescription of Motrin 600 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Clinical notes indicate the injured worker has been taking Motrin 600 mg since at least 08/27/2014. As the guidelines do not recommend long term use of NSAIDs, the request is not supported. In addition, the request does not specify a frequency of use. Therefore, the request is not medically necessary.