

<b>Case Number:</b>	CM15-0105992		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 is a 46 year old female, who sustained an industrial injury on December 2, 2014, incurring head, right shoulder, right arm, right leg, right knee and tail bone injuries after a slip and fall on a wet floor. She was diagnosed with a contusion of the face and scalp, neck sprain, lumbosacral sprain, coccyx sprain, thigh contusion, and knee contusion. Treatment included anti-inflammatory drugs, muscle relaxants, topical analgesic ointment, cold packs and work restrictions. Cervical x rays were unremarkable, lumbar spine x rays showed minimal spurring of the lumbar spine with slight facet arthropathy and x rays of the right shoulder were normal. Currently, the injured worker complained of persistent head, knee, neck, lower back and shoulder pain. She rated her pain as a 7 on a pain scale of 0 to 10. She complained of tingling and numbness radiating down the right arm. The treatment plan that was requested for authorization included a rheumatology consultation, a back brace, back pillow and an ergonomic evaluation and appropriate changes to work station.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rheumatology consultation:** Upheld

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

**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 pain - office visit.

**Decision rationale:** Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a rheumatology consultation. On the date of the request, the provider documented "rheumatology to rule out underlying condition." It is unclear why an "underlying condition" is suspected. Without supporting documentation, the request for a rheumatology consultation is not medically necessary.

**Back brace:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back: lumbar support.

**Decision rationale:** CaMTUS guidelines state "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ODG reference states that lumbar supports are not recommended for prevention. With respect to treatment, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." With respect to non-specific LBP, elastic supports may be helpful. It is unclear from the request, what type of brace is requested such as elastic, plastic, or corset. Without the supporting documentation and with the lack of support from the literature, the request for a back brace is not medically necessary.

**Back Pillow:** 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) neck and upper back chapter, Pillow.

**Decision rationale:** The CaMTUS does not provide direction for the use of a cervical pillow. The Official Disability Guidelines cited above recommend a cervical pillow in combination with

a daily exercise program. These guidelines refer to treatment by health professionals who teach both exercise and the appropriate use of a pillow, and go on to state that using a pillow without this specific exercise program is not effective. The pillow as prescribed, as a stand-alone treatment, is not medically necessary.

**Ergonomic evaluation and appropriate changes to work station:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: ergonomics interventions.

**Decision rationale:** The ACOEM states that primary prevention of work-related complaints depends on reducing exposure to physical stressors, and that ergonomic workstation evaluation and modification is a cost-effective measure. The ACOEM recommends adjustment of workstations, tasks, and tools to the individual worker's size and physiologic work capacity. Jobs and workstations should be designed so that they fit most workers' capacities. Workstations, equipment, or task components should be adjustable for workers of different stature, strength, and endurance. Work should be positioned to avoid static, non-anatomic postures resulting in sustained muscle contraction and to decrease static exertions that result in excessive muscle fatigue. The ACOEM gives detailed recommendations for the design of tasks and workstations in order to prevent musculoskeletal complaints and injuries. The ODG states that ergonomics interventions are recommended as an option as part of a return-to-work program for injured workers on a case-by-case basis. Therefore, the request is medically necessary.