

<b>Case Number:</b>	CM15-0143693		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 22, 2012. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for a pain management consultation and a lumbar corset. The claims administrator referenced a progress note dated June 9, 2015 and an associated RFA form dated June 29, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of depression. The applicant was not working. Epidural steroid injections had not helped. It was acknowledged that the applicant was on topical Lidoderm, Neurontin, and oral diclofenac. The applicant was using a cane to move about. The applicant was placed off of work, on total temporary disability, while a lumbar corset, weight loss, a spine surgery consultation, psychiatry consultation, and a pain management consultation were endorsed. The attending provider suggested that the applicant pursue a pain management consultation and could consider facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Yes, the proposed pain management consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the physician to reconsider the diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, it was reported on June 9, 2015. The applicant was using a variety of oral and topical medications, including Lidoderm patches, Neurontin, diclofenac, etc. Obtaining the added expertise of a pain management physician, thus, was indicated to formulate other appropriate treatment options, given the applicant's failure to respond favorably to consider treatment in the form of time, medication, physical therapy, etc. Therefore, the request was medically necessary.

**Lumbar corset:** 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 Page(s): 301.

**Decision rationale:** Conversely, the request for a lumbar corset (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptoms relief as of the date of the request, June 9, 2015, following of an industrial injury of January 22, 2012. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.