

Case Number:	CM15-0161862		
Date Assigned:	08/27/2015	Date of Injury:	06/06/2002
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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, Florida, 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 injured worker is a 44 year old male who sustained an industrial injury on 06-06-2002. Mechanism of injury occurred when he fell through a roof, and he reinjured himself in November of 2013 while he was lifting steel bars. Diagnoses include lumbar degenerative disc, and radiculopathy. Treatment to date has included diagnostic studies, medications, acupuncture, use of a Transcutaneous Electrical Nerve Stimulation unit, and physical therapy. Current medications include Etodolac, Lidoderm 5% patch, Lyrica, Tizanidine, Atenolol, Glipizide ER, Losartan Potassium, Metformin, Oxycodone-APAP, and Risperidone. An unofficial MRI of the lumbar spine done in November of 2014 revealed degenerative disc disease at L4-5 and L5-S1. A physician progress note dated 07-17-2015 documents the injured worker complains of continues lower back pain. He rates his pain without medications as 8 out of 10 and with medications his pain is 7 out of 10. On examination, there is decreased lumbar range of motion and some Waddell's signs were positive. He ambulates with a stooped gait. There was tenderness over the bilateral paravertebral muscle and there was tenderness of the spinal process at L4 level. Quality of sleep is poor. Lumbar range of motion is restricted and painful and there is tenderness to palpation of the paravertebral muscles on both sides. The treatment plan includes continuing Zanaflex, Lodine, Lidoderm patches, increase Lyrica, use of a Transcutaneous Electrical Nerve Stimulation unit and a return visit in 4 weeks. Treatment requested is for 1 Lumbar brace and 1 cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cane: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Section, under Walking Aids.

Decision rationale: This claimant was injured in 2002 when he fell through a roof, and he reinjured himself in November of 2013 while he was lifting steel bars. As of July, the worker complains of continues lower back pain. He rates his pain without medications as 8 out of 10 and with medications his pain is 7 out of 10. On examination, there is decreased lumbar range of motion and some Waddell's signs were positive. He ambulates with a stooped gait. Regarding walking aids, the ODG notes in the Knee and Ankle sections: Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) In this case, the status of disability, pain and age-related impairment is not fully expounded on to support the request. In addition, the true clinical needs are not clear with documentation of positive Waddell testing. The request is not medically necessary.

1 Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: As shared previously, this claimant was injured in 2002 when he fell through a roof, and he reinjured himself in November of 2013 while he was lifting steel bars. As of July, the worker complained of continues lower back pain. He rated his pain without medications as 8 out of 10 and with medications his pain is 7 out of 10. On examination, there is decreased lumbar range of motion and some Waddell's signs were positive. He ambulates with a stooped gait. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is not medically necessary.