

Case Number:	CM15-0187063		
Date Assigned:	09/29/2015	Date of Injury:	02/12/2003
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54-year-old female, who sustained an industrial injury on February 12, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spine sprain and strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, status post bilateral wrist open reduction internal fixation with residual pain, thoracic spine pain rule out herniate nucleus pulposus, lumbar spine sprain and strain rule out herniated nucleus pulposus and rule out radiculitis of the lower extremity. Treatment to date has included medication, physical therapy and shockwave therapy. On September 2, 2015, the injured worker complained of burning, radicular low back pain and muscle spasms. The pain was rated as a 4-5 on a 1-10 pain scale. The pain was associated with numbness and tingling on the bilateral lower extremities. Sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs and stooping were all reported to aggravate the pain. Her pain was also noted to be aggravated by activities of daily living such as getting dressed and performing personal hygiene. Medications were reported to offer her temporary relief of pain and improve her ability to have restful sleep. Physical examination of the lumbar spine revealed tenderness to palpation at the quadratus lumborum and at the lumbosacral junction. There was pain with heel walking. Lumbar spine range of motion was flexion 60 degrees, extension 20 degrees, left lateral flexion 20 degrees, right lateral flexion 20 degrees, left rotation 20 degrees and right rotation 25 degrees. The treatment plan included medications, EMG-NCV study, physical therapy, shockwave therapy, lumbar spine brace, cane, referral for a Functional Capacity Evaluation and a transcutaneous electrical nerve stimulation unit. On September 4, 2015, utilization review denied a request for a lumbar spine support purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for Lumbar Spine Support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of the treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested Lumbar Spine Support is not medically necessary.