

Case Number:	CM15-0212171		
Date Assigned:	11/02/2015	Date of Injury:	03/19/2010
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/27/2015

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, West Virginia, Pennsylvania
 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 51 year old female, who sustained an industrial injury on 3-19-10. The documentation on 9-21-15 revealed severe right knee pain associated with activity. The medial knee has pain and swelling. The documentation on 9-2-15 noted that the injured worker has complaints of right foot and ankle pain with a pain level of 1-2 out of 10 at rest and 4 out of 10 with prolonged repetitive weight bearing activities. The injured worker states her pain level is increasing due to the fact that her shoes are worn out and are completely ineffective. The injured worker continues to complain of a constant pain level of 3 out of 10 at rest to her lumbar spine and with nay repetitive bending, stooping, twisting, pushing and pulling increase her pain level to 5 out of 10. The injured workers back pain as well as her right leg pain continues with a constant pain level of 3 out of 10 at rest and 5 out of 10 with attempted repetitive bending, stooping, twisting, pushing and pulling. There is moderate tenderness and induration noted at the lumbar spine with paraspinal induration consistent with paraspinal muscle spasm and flexion and extension is limited. The documentation noted that in stance there is a pelvic tilt to the right side still quite a bit higher on than the left side. Magnetic resonance imaging (MRI) on 8-27-14 revealed L4-5; small annular disc bulge and facet hypertrophy with mild bilateral neuroforaminal narrowing and the central canal is patent. The diagnoses have included other and unspecified disc disorder, lumbar region. Electromyography and nerve conduction study on 3-19-15 revealed a normal nerve conduction study and no evidence of peripheral mononeuropathy, brachial plexopathy, or cervical radiculopathy in the right upper extremity. Right hand X-ray on 3-30-15 revealed to be some subluxation of the carpometacarpal (CMC) joint of the thumb and may be

some slight narrowing and no evidence of fracture or dislocation was seen. Treatment to date has included unloader brace; lidoderm patch; ice; cortisone injection; decrease pain with ankle-foot orthosis (AFO); completed 12 of 12 postoperative physiotherapy and rehab visits; ibuprofen and home exercise program. The original utilization review (10-2-15) non-certified the request for lumbar back support and back support insert for purchase; magnetic resonance imaging (MRI) without contrast to the lumbar spine and physical therapy 12 visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back support and back support insert for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Guidelines do not support effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized. In this case, the claimant complains of low back pain with radiation down the right leg. However, there is no documentation of functional deficits or instability on clinical exam. The request for durable medical equipment lumbar back support and back support insert for purchase is not medically necessary.

MRI without contrast to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed. Therefore, the request is not medically necessary.

Physical therapy 12 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed. Therefore, the request is not medically necessary.