

<b>Case Number:</b>	CM15-0243568		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 47 year old female, who sustained an industrial injury on 3-19-2014. A review of the medical records indicates that the injured worker is undergoing treatment for L4-L5 and L5-S1 protrusions with foraminal narrowing, lumbar radiculopathy, lumbar myofascial pain, and rule out cervical radiculopathy, insomnia, cervicogenic headache, reactive depression-anxiety, and generalized abdominal discomfort. On 10-9-2015, the injured worker reported low back pain with lower extremity symptoms rated 7 out of 10, 5 out of 10 cervical pain with right greater than left upper extremity symptoms, paralleling headache and vision changes, 5 out of 10 thoracic pain, spasms and fatigue of the upper thoracic musculature and cervical trapezius, generalized abdominal discomfort, and insomnia. The Primary Treating Physician's report dated 10-9-2015, noted the injured worker's current medications included Tramadol ER and Pantoprazole. The physical examination was noted to show lumbar spine tenderness with spasm of the lumboparaspinal musculature, and thoracic spine tenderness with diminished sensation noted in the right greater than left C6 and C7 dermatomal distribution. The Physician noted the injured worker's condition remained essentially unchanged. The treatment plan was noted to include awaiting responses for reconsideration of the requests for shockwave therapy, physical therapy, cervical spine MRI, and electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral lower extremities, and continued requests for consult with a gastroenterologist, psychological consult and follow-up, and continued TLSO. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 11-6-2015, requested a consult with a gastroenterologist, a psychological consult with follow-up, and an

AlignMed S3-SpinalQ TLSO purchase low back. The Utilization Review (UR) dated 11-13-2015, certified the request for a consult with a gastroenterologist, modified the request for a psychological consult with follow-up to certify a psychological consult only, and non-certified the request for an AlignMed S3-SpinalQ TLSO purchase low back.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AlignMed S3-SpinalQ TLSO Purchase Low Back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ( Lumbar and Thoracic), Lumbar Support.

**Decision rationale:** CA-MTUS states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states, not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008). ODG states for use as a 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). This IW is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or instability. As such the request for AlignMed S3-SpinalQ TLSO is deemed not medically necessary.

#### **Psychological Consult with Follow-Up: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** MTUS Pain guidelines and ODG refer to psychological therapy as Recommended for appropriately identified patients during treatment for chronic pain. MTUS

details that cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. ODG further states that Initial therapy for these at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. The available medical record provides adequate documentation of depressive symptoms, especially given the broad recommendation from the above listed guidelines, to provide rationale for a psychology consultation. However, prior to an initial consultation there cannot be a request for follow up or additional therapy. The consultants input are required to make a request for additional sessions. The available medical record does not provide any documentation of prior treatment or requests from the psych consultant. As such, the request for Psychological Consult with Follow-Up is deemed not medically necessary.