MAXIMUS Federal Services

Case Number:	CM14-0136472		
Date Assigned:	09/03/2014	Date of Injury:	12/01/2004
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and consultation with a cervical spine surgeon, who apparently offered the applicant a cervical fusion surgery, which was reportedly declined. In a Utilization Review Report dated August 20, 2014, the claims administrator retrospectively denied a request for a lumbar support and a cervical collar. Non-MTUS Third Edition ACOEM Guidelines were invoked to deny the lumbar support, which the claims administrator mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated May 9, 2014, the Medical-legal evaluator apportioned some of the applicant's disability to a non-industrial motor vehicle accident. Authorization for a lumbar support and a cervical collar were later sought after the articles in question were apparently dispensed without authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lo sagitt rigid panel prefab support for the lumbar spine (DOS 7/30/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 301,.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of December 1, 2004 on or around the date the lumbar support was dispensed, on July 30, 2014. Introduction and/or ongoing usage of a lumbar support were not indicated at this late stage in the life of the claim, per ACOEM. Therefore, the request was not medically necessary.

Retrospective request for cervical collar, foam, 2 piece with thoracic extension for the cervical spine (DOS 7/30/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, cervical collars are not recommended for than one or two days. No rationale was furnished for provision of the cervical collar in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.