

Case Number:	CM14-0218235		
Date Assigned:	01/07/2015	Date of Injury:	08/13/2009
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 53 year male, who was injured on the job, August 13, 2009. The injured worker suffers from back pain. According to the progress note of November 26, 2014, the injured worker underwent major spinal reconstruction approximately 6 months ago, anterior interbody fusion and posterior pedicle screw fusion for long-standing low back problems that resulted from a work related injury. About 4 weeks ago the injured worker had an onset of low back pain, no lifting or specific trauma noted at the time. According to the progress note of June 16, 2014, the injured worker was taking muscle relaxants, opioid analgesics and gabapentin to control the symptoms. The injured worker was complaining of back pain back stiffness and decreased range of motion of the back and legs. The injured worker was diagnosed with obesity, failed back syndrome of the lumbar, spinal stenosis, esophageal reflux, and status post lumbar fusion. The injured worker had resent 22 pound increase in weight. The physical exam on November 6, 2014 showed spinal alignment exhibits increased lordosis and surgical scar. On palpation of the lumbosacral spine, there was paraspinal muscle tenderness, but no lumbar spinous process tenderness. The injured worker was participating in pool therapy. On December 15 2014 the UR denied authorization for continuation for pain management and a back brace. The UR modified the request for continued pain management to a follow-up visit. According to the ODG Guidelines office visits are recommended as determined by the medical necessity. The determination of necessity for an office visit requires individualized case review and assessment. The back brace was denied due to the MTUS ACOEM guidelines that upper lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.
Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, continued pain management is not medically necessary. Consultations are designed to aid in the diagnosis, prognosis and treatment of injured workers. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. See guidelines for additional details. In this case, the injured worker's working diagnoses are failed back syndrome, lumbar spinal stenosis. Surgeries include anterior interbody fusion and posterior pedicle screw fusion at L2 to L3-4 long-standing back problems on April 1, 2014. Subjective complaints include a recent setback and flare up of pain and sudden onset of low back pain for approximately 4 weeks. Objectively, there is severe paraspinal muscle spasm and severe paraspinal muscle tenderness. Range of motion is severely limited. The injured workers taking Flexeril 10 mg, ibuprofen 800 mg and gabapentin 300 mg. Continued pain management should be based on objective evidence of the overall efficacy of treatment. Treatment includes muscle relaxants, anti-inflammatory drugs and gabapentin. A new back brace was requested. Consequently, absent clinical documentation regarding efficacy of present treatment, continued pain management is not medically necessary.

Back brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Section, Page 300. Decision based on Non-MTUS Citation Low back section, Lumbar support

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, a back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. Lumbar support did not prevent low back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). In this case, the injured worker's working diagnoses are failed back syndrome, lumbar spinal stenosis. Surgeries include anterior interbody fusion and posterior

pedicle screw fusion at L2 to L3-4 long-standing back problems on April 1, 2014. Subjective complaints include a recent setback and flare up of pain and sudden onset of low back pain for approximately 4 weeks. Objectively, there is severe paraspinal muscle spasm and severe paraspinal muscle tenderness. Range of motion is severely limited. The injured workers taking Flexeril 10 mg, ibuprofen 800 mg and gabapentin 300 mg. lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention of low back pain. The documentation does not contain evidence of objective functional improvement with the existing low back brace (now broken). Consequently, absent compelling clinical documentation to support the use of a new back brace in contravention of the guidelines, back brace is not medically necessary.