

Case Number:	CM15-0014377		
Date Assigned:	02/02/2015	Date of Injury:	06/29/2004
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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, 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 is a 64 year old female, who sustained an industrial injury on June 29, 2004. The diagnoses have included sprain/strain lumbar with lumbar instability (grade 1) noted at L4-L5 and L5-S1 with moderate stenosis at L4-L5 and L5-S1, sprain/strain right knee, sprain/strain right elbow, sprain/strain right arm, numbness mild carpal tunnel syndrome right arm. Treatment to date was not mentioned in the document dated December 15, 2014. Currently, the injured worker complains of intermittent pain in her right lower back which she describes as dull. In a progress note dated December 15, 2014, the treating provider reports examination of the spine reveals tenderness at the lumbosacral spine. On January 6, 2015 Utilization Review non-certified a lumbar-sacral orthosis (LSO) brace, and pain pump, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LSO BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic)

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

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar spine brace is not medically necessary. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend lumbar supports for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and 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 workers working diagnoses are spinal stenosis of the lumbar region and thoracic or lumbosacral neuritis or radiculitis; spondylolisthesis acquired. The injured worker is status post lumbar laminectomy at L4 - L5 and L5 - S1; foraminotomies L4 - S1. The documentation from a January 27, 2014 progress note in the February 3, 2015 progress note does not discuss or document a request for an LSO brace. There is no documented instability. The progress note dated December 22, 2014 (the last progress note prior to the surgical procedure) did not contain documentation of a clinical rationale for an LSO brace. Consequently, absent clinical documentation of instability, lumbar spine braces not medically necessary.

1 PAIN PUMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Post operative pain pump

Decision rationale: Pursuant to the Official Disability Guidelines, postoperative pain pump is not medically necessary. Postoperative pain pumps are not recommended. There were no guidelines for a postoperative pain pump in the low back section of the Official Disability Guidelines. The shoulder section, Official Disability Guidelines contained a section on postoperative pain pumps. Postoperative pain pumps are not recommended. The pain pump was intended to help considerably with postoperative discomfort and is removed by the patient or their family to three days after surgery. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre-or postoperative pain control using oral, intramuscular or intravenous measures. Three recent studies did not support the use of pain pumps. In this case, the injured workers working diagnoses are spinal stenosis of the lumbar region and thoracic or lumbosacral neuritis or radiculitis; spondylolisthesis acquired. The injured worker is status post lumbar laminectomy at L4 - L5 and L5 - S1; foraminotomies L4 - S1. Pain pumps are not recommended. There is no indication in the medical record the injured worker cannot tolerate oral analgesics or that oral analgesics are ineffective. The progress note dated December 22, 2014 (the last progress note prior to the surgical procedure) did not contain documentation or a clinical rationale for a pain pump. Consequently, according to guideline recommendations post operative pain pumps are not recommended and, as a result, postoperative pain pump is not medically necessary.

