

Case Number:	CM15-0173618		
Date Assigned:	09/15/2015	Date of Injury:	07/26/2004
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 26, 2004. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve requests for a lumbar brace and a psychiatry consultation. Non-MTUS ODG Guidelines were invoked to deny the lumbar support, while non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the psychiatry consultation, despite the fact that the MTUS addresses both issues. The claims administrator referenced a July 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported progressively worsening low back and bilateral knee pain. The applicant was using a cane to move about, it was reported. The applicant's problem list included arthritis, depression, diabetes, hypertension, and chronic pain syndrome. The applicant had undergone knee arthroplasty revision procedure. The applicant was on tramadol, naproxen, Prilosec, and Wellbutrin. The applicant had a 20-pack year history of smoking, it was reported. On July 16, 2015, the applicant was described as doing fairly well following earlier cervical spine surgery. The applicant was asked to follow up in several months time to obtain x-rays of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace purchase: 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), Low Back, Lumbar Supports.

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

Decision rationale: No, the request for a lumbar brace (AKA lumbar support) purchase was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, outside of the acute phase of symptom relief as of the date of the request, June 23, 2015, following an industrial injury of July 26, 2004. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.

Psych consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation and Independent Medical Examinations, Referrals, page 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: Conversely, the request for a psych consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, if an applicant's mental health issues persist beyond 3 months and/or become disabling, referral to a mental health professional is indicated. Here, the applicant did have persistent, longstanding issues with depression, the treating provider reported above. The applicant was using at least one psychotropic medication, Wellbutrin. Obtaining the added expertise of a mental health professional was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.