MAXIMUS Federal Services

Case Number:	CM15-0174242		
Date Assigned:	09/16/2015	Date of Injury:	12/28/2007
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
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 61-year-old who has filed a claim for chronic low back and bilateral wrist pain reportedly associated with an industrial injury of December 28, 2007. In a utilization review report dated August 19, 2015, the claims administrator failed to approve a request for a lumbar support and bilateral wrist braces. The claims administrator referenced an April 3, 2015 office visit and an RFA form received on August 7, 2015 in its determination. On July 29, 2015, the applicant reported ongoing complaints of low back and left shoulder pain. Tramadol, Protonix, baclofen, Norvasc, and Tenormin were endorsed. It was stated the applicant had not shown any improvement over the past several months. The applicant's work status was not detailed, although it did not appear the applicant was working. There is no mention of the lumbar support and/or wrist braces in question on this day. On April 3, 2015, the applicant reported ongoing complaints of low back and shoulder pain with ancillary complaints of reflux. Tramadol, baclofen, and Protonix were endorsed. Once again, the applicant's work status was not furnished. The applicant was asked to pursue an epidural steroid injection. The applicant's pain complaints were described as severe. No seeming mention or discussion of either the lumbar support or the wrist braces in question transpired. On a June 19, 2015 RFA form and an order form dated July 30, 2015, the lumbar support and wrist braces in question were seemingly endorsed, without any supporting rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for a lumbar support 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 lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date(s) of the request, July 30, 2015 and June 19, 2015, following an industrial injury of December 28, 2007. Introduction, selection, and/or ongoing usage of lumbar support was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. The attending provider failed to furnish any supporting rationale or clinical progress notes along with the request for authorization so as to offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Bilateral wrist braces: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Similarly, the request for bilateral wrist braces was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 266, any splinting or limitations placed on hand, wrist, forearm activities should not interfere with total body activity in a major way. The MTUS Guideline in ACOEM Chapter 11, page 266 further stipulates that careful advice regarding maximizing activity within the limits is "imperative" once red flags have been ruled out. Here, thus, the request for provision of bilateral wrist braces without a clear operating diagnosis and without clear supporting rationale, narrative commentary, or progress notes, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, page 266. Therefore, the request was not medically necessary.