

Case Number:	CM15-0174799		
Date Assigned:	09/22/2015	Date of Injury:	07/24/2003
Decision Date:	11/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 24, 2003. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve requests for a spinal Q brace and lumbar MRI imaging. The claims administrator referenced a July 30, 2015 office visit and an associated RFA form of August 18, 2015 in its determination. On said August 18, 2015 RFA form, MRI imaging of the lumbar spine and a spinal Q brace were sought. In a separate RFA form dated August 3, 2015, Norco, spinal Q brace, and lumbar MRI imaging were sought, along with additional physical medicine. On an associated progress note of July 30, 2015, the applicant reported ongoing complaints of neck, back, shoulder, and knee pain. The applicant's low back pain radiated to the left leg, it was reported. The applicant presented for medication refills. Hyposensorium was noted about the right leg with a mildly antalgic gait also reported. The applicant exhibited diminished power on range of motion testing, seemingly secondary to pain. The applicant had derivative complaints of depression, anxiety, irritability, mood swings, and insomnia, it was reported. The applicant was deemed "permanently disabled," it was reported toward the bottom of the note. A lumbar support was sought. Lumbar MRI imaging was sought to search for pathology at the L3-L4 level. The requesting provider was a physiatrist, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. 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 spinal Q brace (AKA 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 beyond the acute phase of symptom relief as of the date of the request, July 30, 2015, following an industrial injury of July 24, 2003. Introduction, selection, and/or ongoing usage of a spinal brace (AKA 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. Therefore, the request was not medically necessary.

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the July 30, 2015 office visit at issue seemingly suggested that the attending provider was academically searching for pathology at the L3-L4 level, without any clearly formed intention of acting on the results of the same. The requesting provider was a physiatrist (as opposed to a spine surgeon or neurosurgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.