

Case Number:	CM15-0179646		
Date Assigned:	09/30/2015	Date of Injury:	01/22/2011
Decision Date:	11/10/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 1-22-11. The injured worker was diagnosed as having lumbosacral sprain, lumbosacral disc injury and lumbosacral radiculopathy. Medical records (1-15-15 through 6-4-15) indicated pain in multiple body parts including neck, low back, knee, left wrist and right shoulder. The physical exam (1-15-15 through 7-9-15) revealed a normal gait. Treatment to date has included a functional restoration program, Voltaren gel and Tramadol. As of the PR2 dated 7-30-15, the injured worker reports pain and discomfort in the spine and difficulty sleeping at nighttime because of the pain. The physical examination does not address the spine. The treating physician requested a back brace purchase and a second opinion consult. The Utilization Review dated 8-11-15, non-certified the request for a back brace purchase and a second opinion consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Online Version, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in January 2011 when he fell 15 feet from a ladder that had slipped. He has been treated by the requesting provider since the initial evaluation in June 2013. In February 2015, he was continuing to be treated for pain involving multiple body parts. He was having neck, low back, knee, left wrist, and right shoulder pain. He was about to begin participation in a functional restoration program. In June 2015, he was continuing to participate. When seen, he was having pain and discomfort in the spine and difficulty sleeping. Physical examination findings included right shoulder and left wrist tenderness and pain with range of motion. Tramadol was prescribed. Authorization for a lumbar brace and second opinion are being requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not considered medically necessary.

Second Opinion Consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in January 2011 when he fell 15 feet from a ladder that had slipped. He has been treated by the requesting provider since the initial evaluation in June 2013. In February 2015, he was continuing to be treated for pain involving multiple body parts. He was having neck, low back, knee, left wrist, and right shoulder pain. He was about to begin participation in a functional restoration program. In June 2015, he was continuing to participate. When seen, he was having pain and discomfort in the spine and difficulty sleeping. Physical examination findings included right shoulder and left wrist tenderness and pain with range of motion. Tramadol was prescribed. Authorization for a lumbar brace and second opinion are being requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain without identified new injury. The reason for the consultation is not described and the type of specialist being requested is not identified. The request cannot be accepted as being medically necessary.