

Case Number:	CM15-0179895		
Date Assigned:	09/21/2015	Date of Injury:	07/02/2014
Decision Date:	10/26/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on July 2, 2014. Medical records indicate that the injured worker is undergoing treatment for degenerative lumbar disease with right radiculopathy and thoracolumbar strain with myofascial pain syndrome. The injured worker is not working. Current documentation dated August 13, 2015 notes that the injured worker reported low back pain rated 4-6 out of 10 on the visual analogue scale. The injured worker noted she felt better since she started myofascial therapy. The injured worker was able to walk more, sleep better and was able to decrease her medications. Examination of the thoracolumbar spine revealed tenderness to palpation over the right greater than left lower back. Range of motion was decreased. Slight weakness was noted in the right extensor hallucis longus muscle. A straight leg raise test was positive on the right. The injured worker was moving less guardedly. Treatment and evaluation to date has included medications, MRI of the lumbar spine, myofascial therapy (4), acupuncture treatments (3), a transcutaneous electrical nerve stimulation unit and a home exercise program. Current medications include Relafen and Flexeril. Current requested treatments include a foam wedge to add to the injured workers home exercise program. The Utilization Review documentation dated September 3, 2015 non-certified the foam wedge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foam Wedge: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 07/17/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and DME- 21.

Decision rationale: In this case, the claimant has undergone therapy, acupuncture and myofascial intervention. The physician is still referring the claimant to myofascial treatment where foam rollers and other intervention can be provided. The length of foam wedge use, application or particular need was not specified. As a result, the request is not medically necessary.