

<b>Case Number:</b>	CM15-0022316		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/01/2006
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old female, who sustained an industrial injury on February 1, 2006. She has reported right sided head pain, neck pain radiating down into her bilateral upper extremities to her hand and finger including all digits with numbness, tingling and swelling, bilateral shoulder pain, bilateral hand and wrist pain, left greater than right, bilateral hip pain, low back pain radiating to the lower extremities and bilateral knee and ankle pain with associated tingling pain and numbness. The diagnoses have included bilateral knee derangement, bilateral elbow internal derangement, cervical spine radiculopathy, lumbar spine radiculopathy and status post carpal tunnel release. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of reported right sided head pain, neck pain radiating down into her bilateral upper extremities to her hand and finger including all digits with numbness, tingling and swelling, bilateral shoulder pain, bilateral hand and wrist pain, left greater than right, bilateral hip pain, low back pain radiating to the lower extremities and bilateral knee and ankle pain with associated tingling pain and numbness. The injured worker reported an industrial injury in 2006, resulting in the above described pain. She was treated conservatively and surgically without resolution of the pain. Evaluation on September 30, 2013, revealed continued pain, medications were renewed, she was encouraged to continue home exercises and to consult a spine specialist. On January 26, 2015, Utilization Review non-certified a request for a custom LSO brace for purchase and a lumbar and cervical spine consult, noting the MTUS, ACOEM Guidelines, (or

ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested custom LSO brace for purchase and a lumbar and cervical spine consult.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DME Custom LSO Brace (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

**Decision rationale:** The patient was injured on 02/01/06 and presents with pain in both knees, both elbows, both wrists, neck, hands, fingers, legs, and back. The request is for DME CUSTOM LSO BRACE PURCHASE. The RFA is dated 01/21/15 and the patient is permanent and stationary. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." The reason for the request is not provided. She has low back pain radiating to the lower extremities, bilateral knee, and ankle with associated tingling pain and numbness. The diagnoses have included bilateral knee derangement, bilateral elbow internal derangement, cervical spine radiculopathy, lumbar spine radiculopathy and status post carpal tunnel release. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. The requested DME Custom LSO brace IS NOT medically necessary.

#### **L/S and C/S Consult (Lumbar and Cervical Spine Consult): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 02/01/06 and presents with pain in both knees, both elbows, both wrists, neck, hands, fingers, legs, and back. The request is for LUMBAR SPINE AND CERVICAL SPINE CONSULT for possible surgery. The RFA is dated 01/21/15

and the patient is permanent and stationary. ACOEM Practice Guidelines second edition (2004) page 127, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS/ACOEM Chapter 12, Low Back Complaints, page 305, under to topic "Surgical Considerations" states surgical consultation is indicated for patients who have: "Failure of conservative treatment to resolve disabling radicular symptoms." The 12/30/14 report requests for a cervical spine and lumbar spine consult for possible surgery. It appears that the patient may need surgical intervention and given her chronic pain, a second opinion appears medically reasonable. Therefore, the requested lumbar spine and cervical spine consult IS medically necessary.