

Case Number:	CM15-0099266		
Date Assigned:	06/01/2015	Date of Injury:	12/14/2014
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 43-year-old male who sustained an industrial injury on December 14, 2014. He has reported back pain and radicular pain in the right and left leg and has been diagnosed with lumbar complaints. Treatment has included injection, medications, physical therapy, and a home exercise program. Lumbosacral examination revealed positive Patrick's maneuver left. There was pain to palpation over the L3 to L4, L4 to L5, and L5 to S1 facet capsules and spinous processes bilateral. There was pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. Straight leg raise testing was positive on the left side at 60 degrees, positive with pain radiating to the left buttocks, post, thigh, medial leg, and lateral leg and negative on the right side. The treatment request included outpatient labs, urine drug screen, and a double pull corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of double pull corset: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, purchase of double pull corset is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the treating provider does not provide specific diagnoses in the initial evaluation performed May 5, 2015. The injured worker was seen for an initial visit on May 5, 2015. Subjectively, the injured worker was seen for evaluation of back pain. The treating provider requested medical records that were not received and reviewed at the time of the initial examination. The injured worker had back pain and received injections. There was no prior surgery. Objectively, vital signs were normal with a normal blood pressure. The only relevant objective finding was lumbar pain with tenderness palpation over the paraspinal muscle groups. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. The treatment plan in the May 5, 2015 progress note did not contain a clinical indication or rationale for a double pull corset (lumbar support). Consequently, absent guideline recommendations for lumbar supports and a clinical indication and rationale, purchase of double pull corset is not medically necessary.

Labs: Comprehensive metabolic panel (CMP), Complete blood count (CBC), Thyroid stimulating hormone (TSH), Testosterone free and total AM urine drug screen (UDS):
Upheld

Claims Administrator guideline: Decision based on MTUS page 43, 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Labs: Labs: comprehensive metabolic panel (CMP), CBC, TSH, testosterone free and total, and AM urine drug screen (UDS) is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the treating provider does not provide specific diagnoses in the initial evaluation performed May 5, 2015. The injured worker was seen for an initial visit on May 5, 2015. Subjectively, the injured worker was seen for evaluation of back pain. The treating provider requested medical records that were not received and reviewed at the time of the initial

examination. The injured worker had back pain and received injections. There was no prior surgery. Objectively, vital signs were normal with a normal blood pressure. The only relevant objective finding was lumbar pain with tenderness palpation over the paraspinal muscle groups. There is no clinical indication or rationale for laboratory work including comprehensive metabolic profile, CBC, TSH, testosterone free and total, and am urine drug screen. Consequently, absent clinical documentation with a clinical indication and rationale and a complete and thorough review of the prior medical record documentation, Labs: comprehensive metabolic panel (CMP), CBC, TSH, testosterone free and total, and AM urine drug screen (UDS) is not medically necessary.