

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/15/2013
Date of Injury: 1/26/2001
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015497

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old male who presented with a 12 year history of low back pain after reporting an injury on 01/26/2001. The patient states he was operating a backhoe when a hydraulic case collapsed causing him to injure his back. He required surgical intervention on 4 separate occasions to repair the injury. Up until 06/2012, the patient states he was doing very fairly well, but then began experiencing recurrent severe low back pain. At that time, the patient described his low back pain as radiating down to his buttocks, posterior thighs, and lateral calves which ended in the great toes of each foot and prevented him from being able to ambulate properly. Additionally, the radiating pain has now involved the groins. Physical and neurological examination dated 07/18/2013 noted the patient's back is tender and there is increased pain on range of motion. There is also decreased sensation to the right L4, L5, and S1 distribution. Motor is 5/5 throughout and there is a positive straight leg raise in the bilateral lower extremities causing radiating pain down the leg. Diagnostic studies referred to x-rays that showed spondylolisthesis at L4 and L5 with instability on flexion and extension. There was also foraminal stenosis seen at L4-5 and L5-S1. CT scan showed pars fracture of L4 with listhesis, foraminal stenosis at the L4-5 and L5-S1, and facet joint arthropathy at L3-4. An EMG/nerve conduction study also showed findings consistent with L4, L5, and S1 radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

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

1. A DME Custom TSLO Brace is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Low Back Chapter, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 300, which is part of the MTUS, and the Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

According to the ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, per Official Disability Guidelines, lumbar supports are not recommended for prevention as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for treatment. Documentation in the medical records provided for review states that there is a plan for the employee to have a laminectomy, however for the time being there has not been a surgery date set. Therefore, a custom TSLO brace is not considered medically necessary because the use would be considered as a preventative measure instead of a treatment measure. **The request for a DME Custom TSLO Brace is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]

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