

<b>Case Number:</b>	CM13-0018303		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/21/1991
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Surgeon, has a subspecialty in Spine Surgery 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.

### 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 patient is a 48-year-old male who reported an injury on 02/21/1991; the mechanism of injury was not documented. The patient's primary diagnosis at this time is lumbar radiculopathy, hypertension out of control due to orthopedic condition, and weight gain. The patient has been treated with oral medications, utilization of a back brace, and reference to the use of a TENS unit. The patient continues to have complaint of low back pain and is requesting a refill on his medications, as well as a new back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), which is not part of the MTUS..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** California MTUS do not address lumbar supports. Therefore, California ACOEM has been referred to in this case. ACOEM declares that lumbar support (corset) is not recommended for the treatment of low back disorders. Furthermore, prolonged immobilization of the spine is not supported, a back brace does not strengthen the patient's core, and

furthermore, the patient has not been documented as having unstable spondylolisthesis or a fracture of the spine. Therefore, the request for a back brace is not considered medically necessary. As such, the requested service is non-certified.

**Medication refills (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The documentation provided for review lists the patient as having been prescribed the medications Medrox pain relief, ketoprofen 75 mg capsules, omeprazole DR 20 mg capsules, orphenadrine ER 100 mg tablets, and tramadol HCL 50 mg tablets in December 2012. However, the current documentation does not indicate any medications used in the past 60 days. Without knowing which medications the patient is currently using, it is unclear which medications need refilling. Furthermore, the appropriate guidelines cannot be referenced without having a medication list. As such, the requested service is non-certified.