MAXIMUS Federal Services

| Case Number: | CM13-0018866 | | |
|---|---|---|---|
| Date Assigned: | 10/11/2013 | Date of Injury: | 07/11/2012 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

## 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 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 claimant is a 53 year old male injured on July 11, 2012. The recent records include a handwritten progress report of August 4, 2013 with the treating physician [redacted] indicating continued complaints of low back pain and shoulder pain with physical examination stating the claimant is in a wheelchair with no other findings noted. The diagnoses were of status post total knee and persistent low back pain. A back brace and medications in the form of OxyContin were recommended for further treatment. There was an operative report August 1, 2012 indicating the claimant underwent laminectomy at the T3-4 and T7- 8 levels with instrumented fusion from T2 through T9. A prior progress report June 11, 2013 with [redacted] gave the claimant a diagnosis of chest pain, history of pulmonary embolism, hypertension, and hyperlipidemia and indicated that he was on current anticoagulation therapy. The examination showed symmetrical reflexes distally, normal sensation and a normal gait pattern. The previous review indicated the claimant was prescribed a modified dose of OxyContin for weaning purposes due to a lack of functional improvement demonstrated with the drug over the past several months. There is no clinical imaging of the lumbar spine. It is unclear when the knee replacement surgery occurred.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fixed Back Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 9, 298-301.

**Decision rationale:** Based on the ACOEM Guidelines a fixed back brace is not supported. The claimant is noted to be sixteen months following the time of fusion to the thoracic spine with no documentation of lumbar imaging or current diagnosis to support the role of a lumbar support or bracing. The request for a fixed back brace is not medically necessary and appropriate.

**Oxycontin 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Based on the MTUS Chronic Pain Guidelines discontinuation of opioids should occur if no demonstration of functional benefit or improvement is noted. The claimant has previously been weaned from OxyContin per prior Utilization Review Determination. The continued role of this agent in absence of change in symptoms, physical examination findings or documented improvement is not indicated. The request for Oxycontin 10mg is not medically necessary and appropriate.