

Case Number:	CM13-0019401		
Date Assigned:	10/01/2013	Date of Injury:	01/21/1998
Decision Date:	02/05/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	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 Spine Surgery, and is licensed to practice in Texas. 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 patient is a 57-year-old male who reported a work-related injury on 01/21/1998, specific mechanism of injury not stated. The patient's subsequently presents for treatment of the following diagnoses: Chronic pain syndrome, postlaminectomy syndrome in the lumbar spine, lumbar radiculitis, opioid dependence, constipation, and myalgia. The clinical notes document the patient in the distant past had undergone a C3 to C5 fusion as well as an L3 to L5 discectomy. The clinical note dated 07/23/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with complaints of low back pain greater than cervical spine pain. The patient's current medication regimen includes Kadian, Cymbalta, Zanaflex, and Norco. The provider documented, upon physical exam of the patient, lumbar range of motion was at 20 degrees of flexion, bilateral lateral bending at 0 degrees, extension 0 degrees. The provider documented motor strength was noted to be 5/5 throughout and sensation was intact to the bilateral upper extremities; however, decreased over the L3 and L4 dermatomes, right greater than left. The provider documented recommendations for the following interventions for the patient: Attempt at a medical marijuana trial; continuation of Kadian, Cymbalta, Zanaflex, and Norco 10/325; physical therapy for the cervical spine; and a Thoracic-Lumbar-Sacral Orthotic; and injection therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace - thorac-lumbo-sacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents status post his work-related injury in 01/1998. The provider is recommending multiple interventions for the patient's lumbar spine pain complaints to include lumbar orthosis. The patient has a prior history of decompression about the lumbar spine. California MTUS/ACOEM indicates that that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical notes do not indicate the patient presented with instability about the lumbar spine, and the patient is well into the chronic phase of his injury. Given all of the above, the request for Brace - Thoracic-Lumbar-Sacral Orthosis is not medically necessary or appropriate.