MAXIMUS Federal Services

Case Number:	CM13-0022287		
Date Assigned:	11/13/2013	Date of Injury:	04/01/2013
Decision Date:	01/23/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

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 57-year-old female who was injured in a work related accident on April 1, 2013 sustaining injury to the lumbar spine. Clinical records for review include a recent orthopedic assessment by [redacted] of October 21, 2013 where the claimant was with lower extremity radiating pain on the left leg with bilateral foot pain. Examination revealed lumbar tenderness with motion with an antalgic gait, use of a cane and weakness to the left extensor hallucis longus. It stated at that time that a podiatrist had been recommending orthotics. There was request for referral for an epidural injection, refill of medications and activity restrictions. Clinical imaging included MRI of the lumbar spine dated July 16, 2013 showing multilevel degenerative disc disease and facet changes with small disc protrusions and mild foraminal stenosis. The records indicate that the claimant has been treated also with a course of physical therapy since time of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

An Aspen quick draw lumbar spine brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

Decision rationale: Based on California MTUS Guidelines, the use of a back brace in this case would not be supported. California Medical Treatment Guidelines indicate that the role of lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptomatic relief. Guidelines in this case do not give a formal diagnosis or clinical indication for use of a brace. The specific request in this case cannot be supported as medically necessary.

Physical therapy for the lumbar spine (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continued role of physical therapy would not be indicated. While physical medicine in the chronic pain setting can be used sparingly with active therapies to help control swelling, pain and inflammation, records do not indicate an acute inflammatory process and also indicate significant course of recent conservative care with physical therapy modalities and treatment. Based on the above, the specific request for the requested treatment in this case would not be indicated.