

Case Number:	CM13-0040704		
Date Assigned:	12/20/2013	Date of Injury:	02/06/2013
Decision Date:	02/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 45 year old female with date of injury 02/06/13. The mechanism of injury is described as slipping and falling. The patient has had chronic low back pain and has been treated with physical therapy, acupuncture and medications. There have been no reported surgeries or procedures. Objective: tenderness of the lumbar paraspinal musculature, decreased range of motion of the lumbar spine, positive straight leg raise on the right. Diagnoses: osteoarthropathy L3-S1, lumbar spine disc disease. Treatment plan and request: lumbosacral orthosis, follow up with psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Continue Follow up with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This 45 year old female has chronic back pain and has been treated with physical therapy, medications and acupuncture. There is no documentation of prior results of a psychiatric evaluation to include diagnoses, prognosis, treatment, treatment goals or specific

functional benefit from the psychiatric evaluation. On the basis of this lack of documentation, a follow up visit with a psychiatrist is not indicated as medically necessary.

Prospective Lumbar-Sacral Orthosis (LSO): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This 45 year old female has chronic back pain of 8 months duration and has been treated with physical therapy, medications and acupuncture. Per the MTUS guidelines cited above, a lumbar sacral orthosis has not been shown to have any lasting benefit beyond the acute phase of back pain. Per the MTUS guideline, a lumbar sacral orthosis is not indicated as medically necessary in this patient with chronic back pain.