MAXIMUS Federal Services

Case Number:	CM13-0052965		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2007
Decision Date:	05/19/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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 60-year-old gentleman who sustained an injury to the low back on August 17, 2007. Clinical records provided for review indicate that the claimant is status post a lumbar laminectomy and reports complaints of continued low back pain with pain radiating to the bilateral legs. During a November 1, 2013, assessment, the claimant was diagnosed with post-laminectomy syndrome. Physical examination showed weakness and 4/5 motor strength of left hip flexion and left knee extension. Normal sensation and positive tenderness to palpation were noted. Recommendation was made for a supportive lumbar back brace, repeat MRI and radiographs, and medication therapy of Lidoderm patches and Ativan. This review addresses the requests for a supportive lumbar back brace and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BACK BRACE (LSO): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports.

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

Decision rationale: The CA ACOEM Guidelines do not support the request for a back brace. At present, the claimant's clinical picture and current diagnosis do not support the need for bracing. ACOEM Guidelines recommend that bracing can be used for acute clinical processes but not for management of chronic pain. The medical records describe that the claimant's clinical status and current diagnosis are chronic in nature. Therefore, the request for lumbar bracing would be considered medically unnecessary in this case.

ATIVIAN 1MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the use of benzodiazepines for more than four weeks because their long-term efficacy is unproven and there is a risk for dependence. In this case, more than six years have elapsed from the time of injury, and the records available for review do not indicate an acute need for management with benzodiazepine. Given the claimant's clinical status and diagnosis, this request for Ativan would not be indicated as medically necessary.