

Case Number:	CM13-0053315		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2010
Decision Date:	03/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/25/2013

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 Occupational Medicine 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 patient is a 56 year old male who was injured on April 14, 2010 while he was at work lifting a 50 pound bag of dog food, when he felt something let go in his lower back. The patient has been treated with prescription medication including Cialis, 5 mg once a day for sexual drive and urination, Norco 10/325 two tablets every six hours for pain, Lidoderm patches every twelve hours for numbing pain, Androgel 1.62% gel pump 20.25 Mg/1.25 Gram (1.62%). He has also had heat wraps for pain and chiropractic therapy. X-rays of his left hand, sternum and left knee were unremarkable. X-rays of the lumbar spine showed degenerative changes but no fractures. The patient was diagnosed with hyperacidity syndrome, unevaluated but probably related to chronic pain and stress and the use of nonsteroidal anti-inflammatory medications and sexual dysfunction, probably related to chronic discomfort and decreased sexual function due to narcotics. Chronic injury to the neck, shoulders and low back. The patient has a history of vomiting, orthopedic injuries and hypothyroidism. The doctor notes considering taking him off nonsteroidal anti inflammatory medications. Most recent office visit provided from requesting physician was March 19, 2013; the patient's chief complaints are low back pain in lumbar spine x 3 year's pain which is relieved with Norco and is worse when walking, sitting and standing. Pain is sharp 9/10 in severity and radiates to the thoracic region and radiates to the legs as numbness and tingling pain. Back flexion 30 degrees, extension, 15 degrees (L) lateral bond: 30 degrees,(R) lateral bond 30 degrees decreased (R) and (L) rotation straight leg raise (R) 10 degrees (L) leg 5 degrees. A diabetic foot exam was performed using 10 gram monofilament test. Sensation intact bilaterally on 1st and 4th digit of plantar surface bilaterally. Pedal pulses 2+ bilaterally. No pedal exam edema noted. A request for LSO brace was made from his treating physician around 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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

Decision rationale: The Physician Reviewer's decision rationale: The patient injured his low back in April 2010, and has since been diagnosed with a chronic injury. According to the CA MTUS, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient is past this stage in his injury and therefore does not qualify to benefit from the LSO as per the guidelines cited.