

Case Number:	CM13-0061683		
Date Assigned:	01/15/2014	Date of Injury:	05/31/2002
Decision Date:	04/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 applicant is a represented 61-year-old who has filed a claim for chronic low back, left elbow, left shoulder, and left wrist pain reportedly associated with an industrial injury of May 31st, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, unspecified amounts of physical therapy over the life of the claim; topical agents; H-Wave machine; consultation with a neurosurgeon, who has apparently endorsed spine surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 22nd, 2013, the claims administrator approved lumbar fusion procedure, approved a bone stimulator, approved two-day hospital stay, and modified a request for custom lumbosacral orthosis to an over-the-counter, generic variant of the same. The applicant's attorney subsequently appealed. In a clinical progress note of November 4, 2013, the applicant presents with reportedly severe chronic low back and shoulder pain. The applicant has MRI imaging showing long-standing degenerative changes on MRI imaging and spondylolytic changes. The applicant is pending spine surgery. The applicant is on Celebrex, Norco, Skelaxin, Avodart, Flomax, gemfibrozil, Zestril, metformin, and insulin. The applicant's case and care have been complicated by diabetes. The applicant is asked to continue Norco while authorization for spine surgery is sought. In a neurosurgery note of October 16, 2013, the applicant's neurosurgeon states that he plans to pursue an L4-L5 and L5-S1 lumbar fusion procedure with decompression. Authorization for the same is sought, along with associated supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLSO Brace: 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 (update 10/09/2013)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant is well outside of the acute phase of symptom relief. The applicant is now 14 years removed from the date of injury, March 3rd, 2000. Usage of a lumbar support is not indicated, either preoperatively or postoperatively. Therefore, the request is not certified.