

Case Number:	CM14-0157765		
Date Assigned:	10/01/2014	Date of Injury:	03/01/2011
Decision Date:	11/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine, 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 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 employee was a 41 year old male who sustained an industrial injury on 03/01/11. An MRI of lumbar spine done on 07/22/14 revealed DDD at L5-S1, mild diffuse posterior bulging of the disc at L5-S1 which is not displacing underlying nerves. An MRI of hip showed superior labral tear. Prior treatment included transforaminal epidural steroid injection on 05/10/13, right hip arthroscopic surgery for labral repair on 02/27/14, TENS unit, acupuncture therapy sessions and orthotic brace. Pertinent medications included Norco 10/325mg, Amitriptyline and Colace. A progress note from 02/10/14 was reviewed. He was noted to be working full time. He was continuing with acupuncture which was beneficial. It helped him continue to work full time and exercise on a regular basis. He had 4 sessions of acupuncture. The employee was seen on 08/27/14. He had persistent low back pain and right hip pain. He needed refills of Norco and Colace. He also needed TENS unit leads refill. He was working full time. Objective examination was noted to be without significant change. He was given 2 month supply of Norco, Colace, Elavil and TENS unit. A request was sent for another 6 sessions of acupuncture since it has been helpful in decreasing overall pain and allowing him to continue to work full-time. A request was also sent for replacement lumbosacral orthotic brace. His current brace broke while at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Lumbosacral Orthotic 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) Lumbar Supports

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

Decision rationale: The employee was a 41 year old male who sustained an industrial injury on 03/01/11. An MRI of lumbar spine done on 07/22/14 revealed DDD at L5-S1, mild diffuse posterior bulging of the disc at L5-S1 which is not displacing underlying nerves. An MRI of hip showed superior labral tear. Prior treatment included transforaminal epidural steroid injection on 05/10/13, right hip arthroscopic surgery for labral repair on 02/27/14, TENS unit, acupuncture therapy sessions and orthotic brace. Pertinent medications included Norco 10/325mg, Amitriptyline and Colace. A progress note from 02/10/14 was reviewed. He was noted to be working full time. He was continuing with acupuncture which was beneficial. It helped him continue to work full time and exercise on a regular basis. He had 4 sessions of acupuncture. The employee was seen on 08/27/14. He had persistent low back pain and right hip pain. He needed refills of Norco and Colace. He also needed TENS unit leads refill. He was working full time. Objective examination was noted to be without significant change. He was given 2 month supply of Norco, Colace, Elavil and TENS unit. A request was sent for another 6 sessions of acupuncture since it has been helpful in decreasing overall pain and allowing him to continue to work full-time. A request was also sent for replacement lumbosacral orthotic brace. His current brace broke while at work. According to ACOEM guidelines, lumbar supports are useful in the acute phase of back pain for symptom relief. The guidelines indicate that the lumbar supports have not been shown to have any lasting benefit beyond the acute phase. The employee had been having ongoing back pain since 2011. There is no instability noted on examination. The request for lumbosacral orthotic brace is not medically necessary or appropriate.