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| Case Number: | CM14-0192285 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 05/05/2006 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Family 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:

This is a 61 year female patient who sustained an injury on 05/05/2006. She sustained an injury while lifting a large dog. The current diagnoses include lumbar degenerative disc disease, a lumbar compression fracture and bilateral right knee pain. Per the doctor's note dated 10/21/14, She had complains of low back pain with numbness in her legs and feet, right shoulder pain, neck pain with numbness and tingling in both hands and depression. The physical examination revealed marked tenderness over the L2 vertebral body and marked tenderness in the midline of the lower spine; cervical spine range of motion- flexion 40 degrees, extension 10 degrees, left lateral flexion 10 degrees, right lateral flexion 10 degrees, left lateral rotation 80 degrees, and right lateral rotation 80 degrees; lumbar spine range of motion- flexion 90 degrees, extension 5 degrees, left lateral flexion 10 degrees, right lateral flexion 10 degrees, left lateral rotation 25 degrees, and right lateral rotation 25 degrees; tenderness over the right shoulder with decreased range of motion; 5/5 strength in bilateral upper and lower extremities; tingling sensation along the anterior and lateral right thigh. The current medications list includes Norco, Soma, Neurontin, Cymbalta, Lidoderm patches 5%, and Voltaren gel 1%. She has had a lumbar MRI dated 08/18/2007 which revealed multilevel degenerative changes including a compression fracture at L2 and other degenerative changes throughout the lumbar region. She has undergone a left knee arthroscopy with a meniscectomy and a right knee total arthroplasty. She has had an Interferential (IF) Stimulator and Transcutaneous Electrical Stimulation (TENS) unit for pain relief and home physical therapy stretching and strengthening exercises. She has had a back brace with significant relief, but according to the notes the back brace was worn out and needs replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace for Purchase: 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)

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

Decision rationale: The MRI of the lumbar spine dated 8/18/2007 showed evidence of a lumbar fracture. Therefore the lumbar fracture was diagnosed over 7 years ago. Evidence of a recent lumbar fracture, spondylolisthesis is, recent lumbar surgery or instability was not specified in the records provided. In addition, and response to previous conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Response to NSAIDs is not specified in the records provided. The medical necessity of Back Brace for Purchase is not fully established for this patient at this juncture. Therefore the request is not medically necessary.