

Case Number:	CM15-0144289		
Date Assigned:	08/05/2015	Date of Injury:	08/09/2006
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female with an August 9, 2006 date of injury. A progress note dated July 2, 2015 documents subjective complaints (headaches; blurry vision; joint pain and back pain; weakness; nervousness, stress, depression, memory loss, and anxiety; sleep difficulties; difficulties with activities of daily living), objective findings (weakness with toe walking; pain with heel walking; decreased range of motion of the lumbar spine; tenderness of the thoracic-lumbar junction and the lumbar sacral junction on the right; tenderness of the sacroiliac joint bilaterally; piriformis tenderness on the right; sciatic notch tenderness on the right; anterior iliac us tenderness on the right; anterior psoas tendon insertion tenderness on the right; greater trochanter tenderness on the right; paravertebral muscle spasm on the right; decreased range of motion of the bilateral hips; hip flexion provokes back pain; decreased range of motion of the right knee; decreased manual muscle testing of the right lower extremity; decreased sensation of the bilateral lower extremities; decreased deep tendon reflexes of the bilateral lower extremities), and current diagnoses (chronic lower back pain with muscle spasm and radiculopathies, right more than left; opioid induced constipation; pain induced depression; gastrointestinal irritation and gastroesophageal reflux disease aggravated by prolonged intake of non-steroidal anti-inflammatory drugs and analgesic medications; right knee meniscal injury). Treatments to date have included medications, psychotherapy, and exercise. The treating physician requested authorization for a thoracic lumbosacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic lumbo sacral orthosis: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Back Braces/Lumbar supports.

Decision rationale: According to the 7/2/15 attending physician report, the patient has ongoing low back pain with associated pain into the extremities right greater than left. The current request is for a Thoracic Lumbosacral Orthosis. The treating physician states in his 7/2/15 attending physician report, page 93(B), a LO637 anterior posterior stabilization thoracic lumbar sacral orthosis was fitted around the thoracic lumbar and sacral spine, and the severity of his pain dropped by over 50% and the ability to sit without fidgeting and to stand without fidgeting both increased. Bending forward occurred easily with the brace. With the brace, the patient was able to sit without weight bearing on her arms, but without the brace more weight was borne on her arms. He requested a thoracic lumbar sacral orthosis to facilitate her ability to work and increase activities of daily living, as the Official Disability Guidelines has recommended its use for treatment of non-specific lower back pain. The MTUS guidelines are silent on this topic. According to the ODG, Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for non-specific low back pain. In this case, the treating physician has documented that the patient has non-specific lower back pain and has placed the brace on the patient and noted decreased pain and increased function. The current request is medically necessary.