MAXIMUS Federal Services

Case Number:	CM15-0203680		
Date Assigned:	10/20/2015	Date of Injury:	02/06/2006
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker was a 63 year old male, who sustained an industrial injury, February 6, 2006. The injured worker was undergoing treatment for lumbar sacral spine injury, lumbago, low back pain and lumbar stenosis. According to progress note of September 3, 2015, the injured worker's chief complaint was back pain. The pain was rated at 9 out of 10. The sciatic pain was rated At 7 out of 10. The injured worker was experiencing numbness of the left great toe, which was causing stumbling while walking. The injured worker was using a cane for balance and weight bearing. During the physical exam the injured worker was evaluated with an anterior posterior stabilization thoracic lumbar sacral orthosis was fitted around the thoracic lumbar and sacral spines and the severity of the 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. The injured worker was able to sit without weight bearing on the arms. The injured worker previously received the following treatments left knee brace, Norco 10-325mg 2 times daily, Lidoderm patches daily applied to the back to reduce the severity of the pain, Cyclobenzaprine was discontinued, Celebrex and failed Ibuprofen. The RFA (request for authorization) dated September 3, 2015; the following treatments were requested a thoracic lumbosacral orthosis to facilitate the ability to work and increase activities of daily living. The UR (utilization review board) denied certification on September 17, 2015; 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 lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation Online Edition (updated 07/17/2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Inital Care, Summary.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. In this case, there was no mention on length of use for work purposes. The use of a lumbar orthosis is not medically necessary.