

Case Number:	CM15-0008382		
Date Assigned:	01/26/2015	Date of Injury:	03/29/2002
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 50 year old male, who sustained an industrial injury on March 29, 2002. He has reported pain in the neck and lower back and was diagnosed with lumbar disc displacement and lumbosacral neuritis. Treatment to date has included radiographic imaging, diagnostic studies, epidural steroid injections (ESI), back surgery, pain medications and work status modifications. Currently, the IW complains of low back pain with associated pain and weakness in the legs. The IW sustained a work related injury in 2002. Since then he has tried many conservative therapies to control the daily pain. He had a lumbar disc surgery in 2014 and continues to experience pain. On November 18, 2014, evaluation revealed low back pain with weakness and pain in the lower extremities, right worse than left. The pain continued and another surgical procedure was requested on December 17, 2014. On December 30, 2014 Utilization Review non-certified a durable medical equipment, post-operative thoracolumbar sacral orthosis (TLSO) brace purchase one and medication post-operative, unspecified, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested durable medical equipment, post-operative thoracolumbar sacral orthosis (TLSO) brace purchase one and medication post-operative, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: post operative TLSO brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 3/29/02. He has been treated with epidural steroid injection, lumbar spine surgery, physical therapy and medications. A lumbar decompressive surgery is planned. The current request is for a post-operative TLSO brace purchase. . Per the MTUS guidelines cited above, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief and are not indicated in the treatment of chronic back pain. A TLSO brace purchase is therefore not indicated as medically necessary.

Post operative medication (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 3/29/02. He has been treated with epidural steroid injection, lumbar spine surgery, physical therapy and medications. A lumbar decompressive surgery is planned. The current request is for post operative medication (unspecified). Per the MTUS guidelines cited above, relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. There are no specific medications indicated for request. On the basis of the MTUS guidelines and per the available medical documentation, post operative medications (unspecified) are not indicated as medically necessary.