

Case Number:	CM15-0011371		
Date Assigned:	01/28/2015	Date of Injury:	01/30/1998
Decision Date:	03/24/2015	UR Denial Date:	01/11/2015
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male, who sustained an industrial injury on January 30, 1998. He has reported low back pain and numbness down bilateral lower extremities to the toes with associated difficulty standing, sitting and walking for long periods of time as well as frequent urination, nausea, vomiting and stomach aches and was diagnosed with chronic low back pain. Treatment to date has included spinal cord stimulator placement, surgical intervention, pain medications, physical treatment modalities, lifestyle modifications and work restrictions. Currently, the IW complains of low back pain and numbness down bilateral lower extremities to the toes with associated difficulty standing, sitting and walking for long periods of time as well as frequent urination, nausea, vomiting and stomach aches. The injured worker reported an industrial injury in 1998 resulting in the above described chronic pain. He was noted to be permanently and stationary disability status. The injured worker wears a thoracolumbar sacral orthosis brace for back support. On July 22, 2014, he reported continued pain and little relief after steroid injections. It was noted at this time the physician was unclear why he continued to wear a back brace. The pain medications were renewed and a follow up appointment was made. The injured worker was referred to the primary physician for the stomach pain and nausea. He also continued to complain of frequent headaches. On January 11, 2015, Utilization Review non-certified a request for one, mesh back support, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of requested mesh back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 mesh back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS did not fully address the indications for the use of orthotics in the management of chronic musculoskeletal pain. The ODG guidelines recommend that orthotics can be utilized to improve mobility and decrease pain in patients with incapacitating musculoskeletal pain. The records indicate that the patient had utilized a lumbar back brace for many years. The indications and beneficial effects of the lumbar back brace was not specified. The documented subjective and objective findings was not consistent with an indication for the use of a lumbar back brace. The criteria for the use of 1 mesh back support was not met.