MAXIMUS Federal Services

Case Number:	CM15-0120659		
Date Assigned:	07/28/2015	Date of Injury:	02/26/2014
Decision Date:	09/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 47 year old, male who sustained a work related injury on 2/26/14. The scaffold he was on suddenly fell and he injured his back. The diagnoses have included lumbar sprain, lumbar radiculitis and lumbar disc bulges. Treatments have included oral medications, physical therapy and home exercises. In the Primary Treating Physician's Comprehensive Report dated 5/20/15, the injured worker complains of low back and left side of hip pain. This pain radiates down both legs, worse on the left side going down into the left foot and feels some tingling and numbness. He complains of difficulty sleeping, fatigue and difficulty with performing activities of daily living. He rates his pain level a 7-8/10. He walks with an antalgic gait and uses a cane. Upon palpation of lumbosacral area from L1 to the sacrum, he has tenderness or spasms. He has a positive left straight leg raise at 25 degrees in a sitting position and a positive right straight leg raise at 45 degrees. He is not working. The treatment plan includes orders for new medications of Oxycontin and Valium and a request for a lumbar orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for lumbar spine orthosis is not medically necessary.

Valium 5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, a short term trial of Valium is warranted as the injured worker has not been prescribed this medication in the past. The request for Valium 5mg #30 is medically necessary.